## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	15/07/2018 14:57
Date Of Accident	15/07/2018 08:50
Exact Location Of Accident	ZEBRA CROSSING FILTER LANE ON YISHUN AVE 1, INTO L
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT9178P
Insured/Policyholder	
Name Of Registered Owner	DAMIEN PHILIP FOO HE LI (DAMIEN PHILIP FU HELI)
NRIC No	S7940386E
Email Address	DEARBABYGIRL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96868314
Alternative Phone No	Others-98759266
Vehicle Particulars	
Manufacturer	CITROEN
Model	GRAND C4 PICASSO 1.6 THP
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700078838
Cover Note Number	
Driver	
Name of Driver	TAN YI FANG
	S7932067F
NRIC No	
NRIC No Date Of Birth	28/10/1979

17/05/2003

15 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-98759266

Fax Number

**Contact Number** 

EMail Address DEARBABYGIRL@GMAIL.COM

Address 828 YISHUN STREET 81, #06-518

Postcode 760828

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

## **General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 Name: : Elizabeth Foo

Gender: : Female

## **Details of Police Action**

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

Collision - Head to Rear (I hit a third party vehicle), #others, Upload the drawing sketch plan, Approaching zebra crossing on filter lane to Lentor Ave Car 1 (taxi) emergency brake and Car 2 emergency brake too.

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: NO VIDEO FILE ATTACHED

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHF272E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver NRIC/Passport Number

**Contact Number** 

96107260

Address

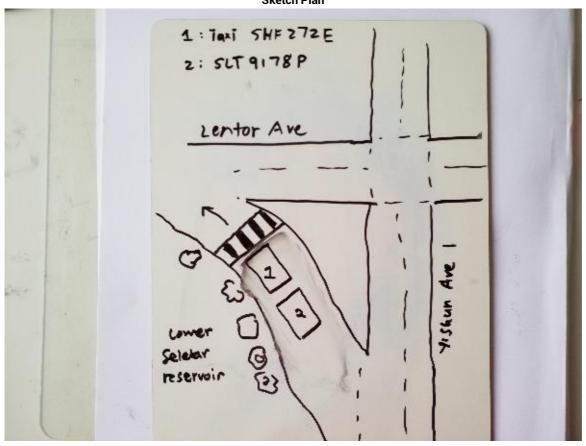
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Sketch Plan**



Driver's Nric (Front)



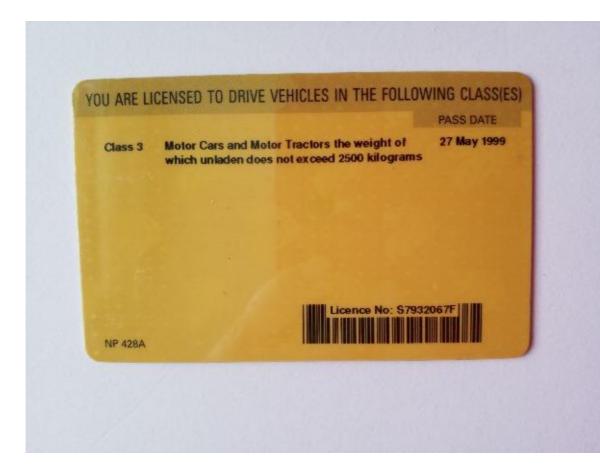
Driver's Nric (Back)



**Driver's Driving License (Front)** 



Driver's Driving License (Back)



# **Accident Photo**



# **Accident Photo**



**Accident Photo** 



# **Accident Photo**

