

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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 withholding 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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	25/07/2018 10:47
Date Of Accident	24/07/2018 20:50
Exact Location Of Accident	PIE NEAR EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW49T
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### Insured/Policyholder

Name Of Registered Owner	SIN OI LENG (XIAN AILING)
NRIC No	S7504867Z
Email Address	DHMD08@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97940183
Alternative Phone No	Office-62603866

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8

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
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If No, Please state action to be taken	REPORTING ONLY
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Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100293700-06
Cover Note Number	

### Driver

Name of Driver	SIN OI LENG (XIAN AILING)
NRIC No	S7504867Z
Date Of Birth	11/02/1975
Occupation	INDOOR
Date Of Driving Pass	23/08/2003
Driving Experience	14 YEARS AND 11 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97940183
Fax Number	
Contact Number	
E-Mail Address	DHMD08@HOTMAIL.COM
Address	27 TAMPINES STREET 34 THE EDEN #08-22 SINGAPORE
Postcode	529235
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

#chaincollision Chain Collision. This image is for illustration purpose only. In the description of the accident scenario please list down the vehicle no. of all vehicles involved in the exact sequence. Vehicle 1 (SLV 3483L) braked suddenly to avoid colliding into front vehicle. Vehicle 2 (SFW 49T) could not brake in time and knocked into Vehicle 1.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INSD DID NOT PROVIDE THE VIDEO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV3483L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

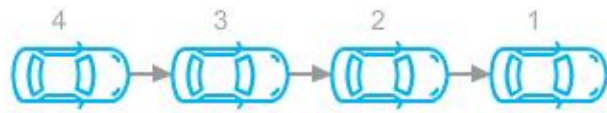
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan



Accident Photo



Accident Photo





Accident Photo



Driving License Frt







Driving License Back



Identification Card Frt

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7504867Z



Name  
SIN OI LENG  
(XIAN AILING)  
冼 爱 玲

Race  
CHINESE

Date of birth 11-02-1975 Sex F

Country of birth SINGAPORE



Identification Card Back

