## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

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 <u>truthful and accurate</u> 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 aforesaid

Date Of Accident 23/07/2018 12-45 Exact Location Of Accident 431 BUKIT TIMAH ROAD Country/State of Loss SINGAPORE    DETAILS OF OWN VEHICLE    Vehicle Registration Number   SLT5545P	aforesaid.	and to the archiving of this report at the centre and to copies of the report being made available
Date Of Accident 23/07/2018 12-45 Exact Location Of Accident 431 BUKIT TIMAH ROAD Country/State of Loss SINGAPORE    DETAILS OF OWN VEHICLE    Vehicle Registration Number   SLT5545P		ACCIDENT STATEMENT
Exact Location Of Accident 431 BUKIT TIMAH ROAD Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLT5545P  Insured/Policyholder  Name Of Registered Owner SAMANTHA MICHAELA YEE WEI-CHEN NRIC No S7831557A  Email Address FREAKADOOO@GMAIL.COM Mobile Phone No (LOCAL) +65-96930464  Alternative Phone No Office-96930464  Vehicle Particulars  Manufacturer MAZDA Model 52.0 SKYACTIV  Exact Purpose for which vehicle was being used at time of accident into your vehicle?  If 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 1700079133  Cover Note Number  Driver  Name of Driver MICHAEL WONG NICHAEL WONG NICH	Date Of Report	24/07/2018 12:41
SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number  Vehicle Registration Number  Vehicle Registration Number  Name Of Registered Owner  Name Of Registered Owner  Name Of Registered Owner  NAME ON ST831557A  Email Address  FREAKADOOO@GMAIL.COM  (LOCAL) +65-96930464  Alternative Phone No  Alternative Phone No  Vehicle Particulars  MAZDA  Model  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?  If No, Please state action to be taken  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please State action to be taken  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please State action to be taken  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please State action to be taken  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please State action to be taken  Are you claiming under your own insurance policy if No  One Company  Name of Insurance Company  Name of Insurance Company  AlG ASIA PACIFIC INSURANCE PTE. LTD.  COMPREHENSIVE  Filed Policy  NO  1700079133  Cover Note Number  Driver  Name of DRIVER  MICHAEL WONG  S7914286G	Date Of Accident	23/07/2018 12:45
Vehicle Registration Number Vehicle Prone No Vehicle Prone No Vehicle Particulars Vehicle Particulars  Manufacturer Manufacturer Model Sazar Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company Vehicle Proverage Fleet Policy No Policy Number Cover Note Number Vehicle Number Vehicle Cover Note Number Vehicle Cover Note Number Vehicle Number Vehicle Number Vehicle Cover Note Number Vehicle Cover Note Number Vehicle Number Vehicle Cover Note Number Vehicle Number Vehicle Cover Note Number Vehicle Numbe	Exact Location Of Accident	431 BUKIT TIMAH ROAD
Nehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  NRIC No S7831557A  Email Address FREAKADOOO@GMAIL.COM (LOCAL) +65-96930464  Alternative Phone No (LOCAL) +65-96930464  Vehicle Particulars  Manufacturer Manufacturer Manufacturer Model S20 SKYACTIV  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?  If No, Please state action to be taken Vehicle Category No Insurance Company Name of Insurance Company AlG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage Fleet Policy No Policy Number Cover Note Number  Driver Name of Driver NICON NICONAL MICHAEL WONG NICON	Country/State of Loss	SINGAPORE
Insured/Folicyholder Name Of Registered Owner NARIC No S7831557A Email Address FREAKADOOO@GMAIL.COM Mobile Phone No (LOCAL) +65-96930464 Alternative Phone No Office-96930464  Vehicle Particulars Manufacturer Manufacturer Model 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? If No, Please state action to be taken Vehicle Category No Insurance Company Name of Insurance Company Alg ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage Fleet Policy No Policy Number Cover Note Number  Driver Name of		DETAILS OF OWN VEHICLE
Name Of Registered Owner  NRIC No  S7831557A  Email Address FREAKADOOO@GMAIL.COM Mobile Phone No (LOCAL) +65-96930464  Alternative Phone No Office-96930464  Vehicle Particulars  Manufacturer MAZDA Model 5 2.0 SKYACTIV  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? If No, Please state action to be taken Vehicle Category Newloce Company Name of Insurance Company Name of Insurance Company No Policy Number Cover Note Number  Driver Name of Driver N	Vehicle Registration Number	SLT5545P
NRIC No Email Address FREAKADOOO@GMAIL.COM Mobile Phone No (LOCAL) +65-96930464 Alternative Phone No Office-96930464  Alternative Phone No Office-96930464  Vehicle Particulars Manufacturer MAZDA Model 5 2.0 SKYACTIV  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? If No, Please state action to be taken REPORTING ONLY Vehicle Category RIVATE CAR  Insurance Company Name of Insurance Company Name of Insurance Company AlG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver	Insured/Policyholder	
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Mobile Phone No (LOCAL) +65-96930464 Alternative Phone No Office-96930464  Vehicle Particulars  Manufacturer MAZDA  Model 5 2.0 SKYACTIV  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?  If 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 Orover Note Number  Driver  Name of Driver  Name of Driver  NICHAEL WONG  N	NRIC No	S7831557A
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Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1700079133 Cover Note Number  Driver  Name of Driver MICHAEL WONG NRIC No S7914286G	Insurance Company	
Fleet Policy Policy Number 1700079133  Cover Note Number  Driver  Name of Driver  MICHAEL WONG NRIC No S7914286G	Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Policy Number 1700079133  Cover Note Number  Driver  Name of Driver MICHAEL WONG  NRIC No \$7914286G	Type Of Coverage	COMPREHENSIVE
Cover Note Number  Driver  Name of Driver  MICHAEL WONG  NRIC No S7914286G	Fleet Policy	NO
Driver Name of Driver MICHAEL WONG NRIC No S7914286G	Policy Number	1700079133
Name of Driver MICHAEL WONG NRIC No S7914286G	Cover Note Number	
NRIC No S7914286G	Driver	
	Name of Driver	MICHAEL WONG
Date Of Birth 25/05/1979	NRIC No	S7914286G
20,00,1010	Date Of Birth	25/05/1979

**INDOOR** 

25/07/2009

8 YEARS AND 11 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96575214

Fax Number

**Contact Number** 

**EMail Address** FREAKADOOO@GMAIL.COM

Address 38 KUO CHUAN AVENUE

Postcode 426934

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

NO

NO

NO

#### **General Information of the Accident**

Type Of Accident SIDE SWIPE **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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

#tjunction Turning Right & Turning Right Blue Car 5545 White Car 3716 Taxi driver side swiped into my vehicle which was moving straight. I did not notice that I was in a turning lane.

#### Attachment(s)

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

INSD DID NOT PROVIDE VIDEO FOOTAGE Remarks/ Reasons:

Was there any audio recorded?

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

Vehicle Registration Number SHC3716M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

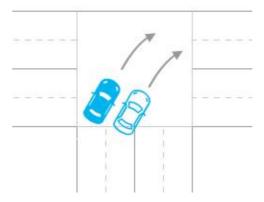
Postcode

Insurance Company Name

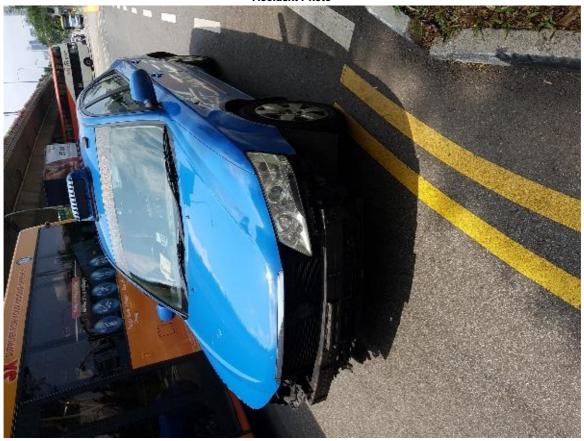
Nature Of Damage

No. Of Passenger (Including Driver)

## **Sketch Plan**











**Driving License Frt** 



**Driving License back** 



**Identification Card Frt** 



## **Identification Card back**

