SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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

	ACCIDENT STATEMENT
Date Of Report	21/07/2018 20:21
Date Of Accident	20/07/2018 20:05
Exact Location Of Accident	BUANGKOK EAST TURNING INTO SENKANG EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJS5381Z
nsured/Policyholder	
Name Of Registered Owner	SEOW TIAN CHEONG TIMOTHY
NRIC No	S6840891A
Email Address	TIMOTHYSEOWTC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88284038
Alternative Phone No	Others-97676948
/ehicle Particulars	
Manufacturer	HYUNDAI
<i>M</i> odel	AVANTE
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100451671-02
Cover Note Number	
Oriver	
Name of Driver	SEOW TIAN CHEONG TIMOTHY
NRIC No	S6840891A
Date Of Birth	30/10/1968

INDOOR

29/08/2003

14 YEARS AND 10 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-88284038

Fax Number

Contact Number

EMail Address TIMOTHYSEOWTC@GMAIL.COM

BLK 27 TOA PAYOH EAST Address

#09-180 SINGAPORE

Postcode 310027 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

NO

NO

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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? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 : CALEB SEOW Name:

> Gender: : Male

Passenger 2 Name: : ALICIA SEOW

> Gender: : Female

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

#others Upload the drawing sketch plan I was travelling along Bunankok East turning into Senkang East. I was in the middle lane and half way turning my front left was hit by his right back rear. At the point of his vehicle glazing my vehicle was stationary as there is a vehicle in-front of me.

Attachment(s)

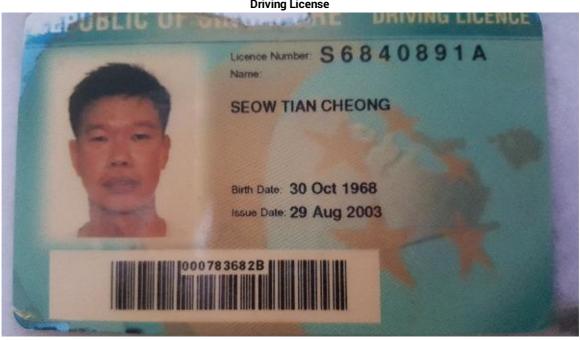
Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

Sketch Plan



Blue is third party vehicle Light blue is my vehicle Yellow is other vehicle **Driving License**



Driving License





Identification Card

