

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	24/08/2018 14:55
Date Of Accident	24/08/2018 10:15
Exact Location Of Accident	SINGAPORE CHECKPOINT(PASSPORT CHECK COUNTER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU9042S
Insured/Policyholder	
Name Of Registered Owner	LEE MAY JEAN
NRIC No	S8679394F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91698285
Alternative Phone No	Others-91698285
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3 1.6 EX
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
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	1700088805
Cover Note Number	
Driver	
Name of Driver	LEE MAY JEAN
NRIC No	S8679394F
Date Of Birth	13/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2014
Driving Experience	3 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91698285
Fax Number	
Contact Number	OTHERS-91698285
EMail Address	NOEMAIL
Address	BLK 146 YISHUN STREET 11 #09-11
Postcode	760146
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA7201T
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZAINAL TAHIR
NRIC/Passport Number	S0144102G
Contact Number	91714184

Address
Postcode

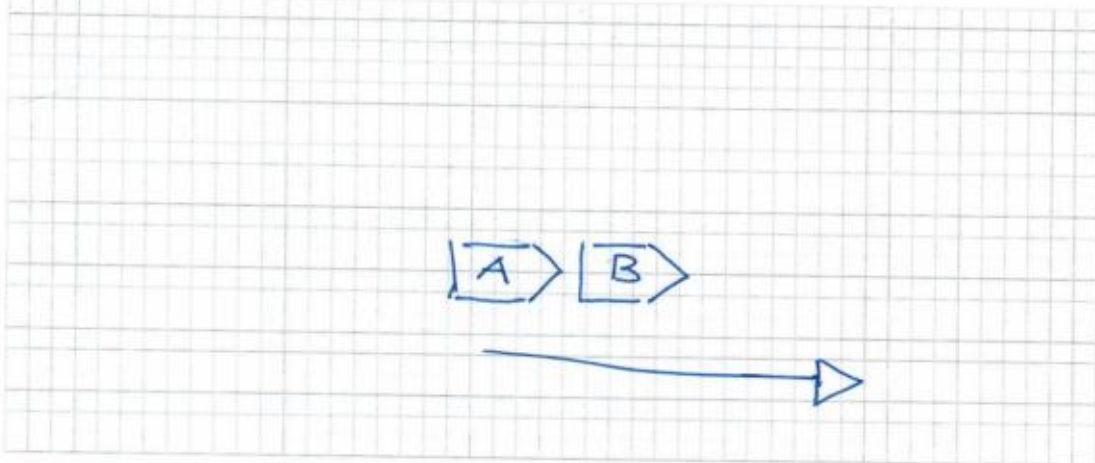
Insurance Company Name

NTUC Income Insurance Co-operative Ltd

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a rainy day. I was queuing for my turn to cross the border from JB to SG. While in the car, I was ~~trying~~ trying to take a piece of paper from the passenger seat when my leg loosen & brake was released slightly. My car moved forward & touches the car in front (SLA 7201T). There were ~~not~~ no visible scratches / damage to the bumper of SLA 7201T but owner insisted to change ~~the~~ entire new bumper. To make things easier, I suggested that we both make a report and ~~test~~ provide evidence to the reporting agent to settle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time: 24/08/2018, 1145


Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/08/2018, 1145


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

