

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	16/09/2018 21:31
Date Of Accident	15/09/2018 12:30
Exact Location Of Accident	ALONG SCOTTS ROAD BEFORE TURNING INTO DRAYCOTT DRI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFR1308R
Insured/Policyholder	
Name Of Registered Owner	NG THIAM CHYE
NRIC No	S1062193C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	Others-67323488

Vehicle Particulars

Manufacturer	VOLVO
Model	VOLVO
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
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	2100232065-07
Cover Note Number	

Driver

Name of Driver	NG THIAM CHYE
NRIC No	S1062193C
Date Of Birth	13/08/1944
Occupation	INDOOR
Date Of Driving Pass	14/07/1963
Driving Experience	55 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OTHERS-67323488
EMail Address	NOEMAIL
Address	6 SUNRISE AVENUE SINGAPORE
Postcode	806668
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?	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

Collision - Head to Rear (I hit a third party vehicle), #straightroad, Moving straight & Moving straight. Blue Car SFR1308R, White Car SJL9723. The lights turned green and I released the brake pedal (I did not step on the accelerator). My car rolled forward (about 2 feet) and gently bumped the car in front. I braked immediately and turned off the engine. Both drivers alighted to assess the damage. There were no visible damages. We then drove to Draycott Drive in front of Tanglin Club to discuss settlement and exchange particulars.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL9723
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number

Contact Number 98309348

Address

Postcode

Insurance Company Name

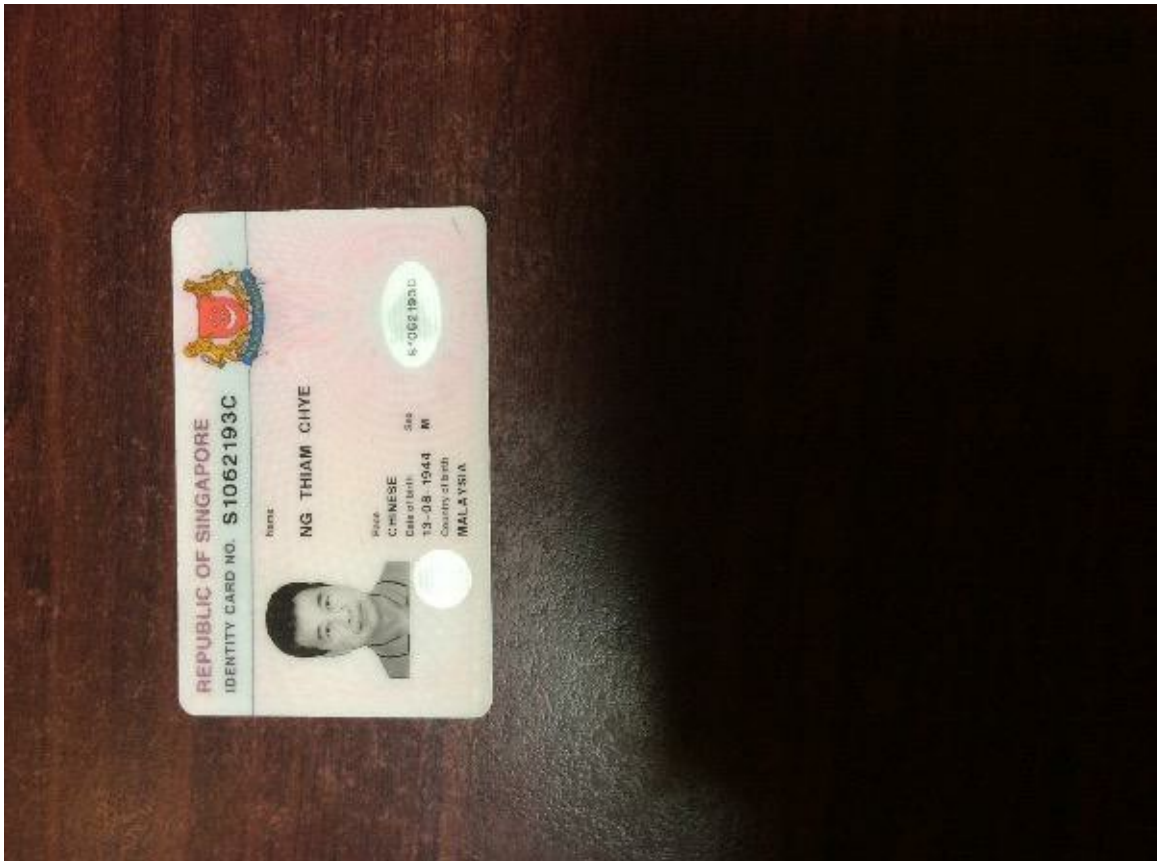
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



INSD'S NRIC (FRONT)



INSD'S NRIC (BACK)



INSD'S DRIVING LICENSE (FRONT)



INSD'S DRIVING LICENSE (BACK)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

14 Jul 1963

Class 1

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



License No: S 1062193C

No. 411A