

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	17/09/2018 16:59
Date Of Accident	14/09/2018 18:40
Exact Location Of Accident	CLEMENTI AVE 6 ENTERING TO AYE. SLIP ROAD.(1.3141
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6647D
Insured/Policyholder	
Name Of Registered Owner	LIM BOON PIN
NRIC No	S1371231Z
Email Address	RUNAWAY_COW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96671031
Alternative Phone No	Office-96615518

Vehicle Particulars

Manufacturer	TOYOTA
Model	NEW CAMRY 2.5
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	2100423921-03
Cover Note Number	

Driver

Name of Driver	LIM WEI SHIEN
NRIC No	S9108325F
Date Of Birth	06/03/1991
Occupation	INDOOR
Date Of Driving Pass	30/08/2016
Driving Experience	2 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96615518
Fax Number	
Contact Number	
E-Mail Address	RUNAWAY_COW@HOTMAIL.COM
Address	60A LORONG MYDIN
Postcode	416862
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	2
Passenger 1	Name: : Valerie Lim Pei Rou 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

Collision - Head to Rear (I hit a third party vehicle), #others, Upload the drawing sketch plan. Vehicle SMC916M was going to exit the slip road but he suddenly stopped; I believe his vehicle exceeded the stop line when his vehicle suddenly stopped. I did not expect him to stop and could not stop in time. The driver was a Grab driver and he had a passenger in his vehicle. Both the drivers and the passengers were unharmed and came out to take photos.

Attachment(s)

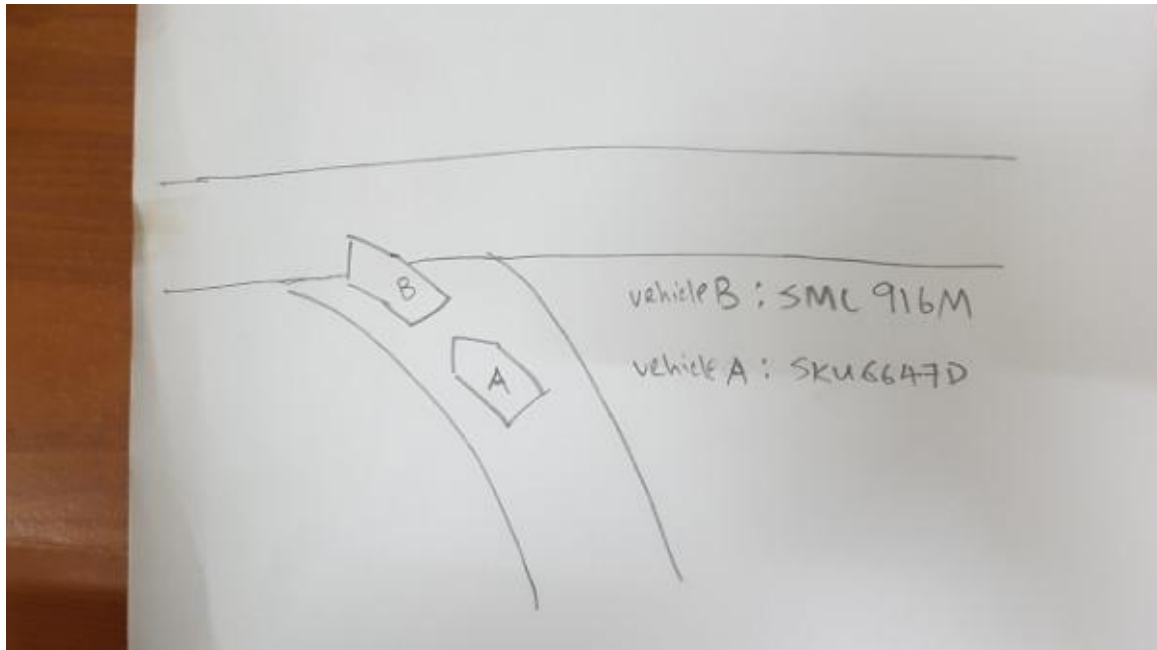
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NO VIDEO FILE ATTACHED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC916M
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	97480645
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



Third Party Driving License (Front)



Third Party Driving License (Back)

Accident Photo



Accident Photo

