

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	25/09/2018 12:38
Date Of Accident	24/09/2018 16:45
Exact Location Of Accident	LOYANG AVENUE AND PASIR RIS DRIVE 3 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX4734X
Insured/Policyholder	
Name Of Registered Owner	HUANG STERLING ZHENHUI
Passport No/FIN	G0853855M
Email Address	STERLING_HUANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92379150
Alternative Phone No	OTHERS-92379150

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI 8V
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	THIRD PARTY
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	1800029735
Cover Note Number	

Driver

Name of Driver	HUANG STERLING ZHENHUI
Passport No/FIN	G0853855M
Date Of Birth	06/02/1983
Occupation	INDOOR
Date Of Driving Pass	17/06/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92379150
Fax Number	
Contact Number	OTHERS-92379150
E Mail Address	STERLING_HUANG@HOTMAIL.COM

Address	190 SIMEI STREET 4 #05-34
Postcode	528716
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?	
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

I WAS WAITING AT THE JUNCTION OF LOYANG AVE & PASIR RIS DRIVE 3 FOR THE TRAFFIC LIGHT. THE OTHER VEHICLE HIT MY CAR FROM THE BACK. VIDEO AND PHOTOS ARE TAKEN FOR THE ACCIDENT. A STATEMENT IS WRITTEN BY THE OTHER DRIVER ON THE SPOT DESCRIBING THE EVENT AND HE IS WILLING TO TAKE RESPONSIBILITY.

Attachment(s)

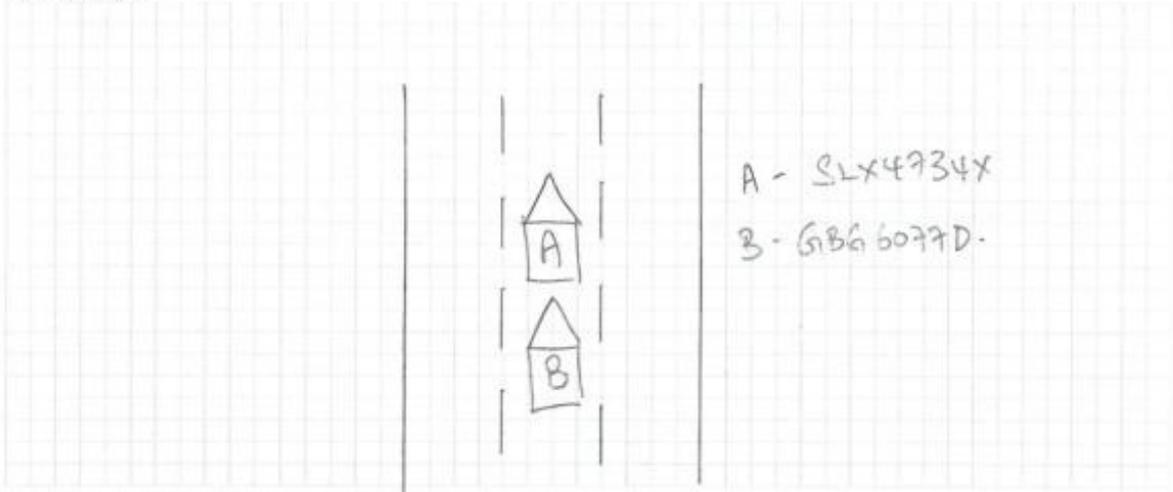
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6077D
Vehicle Make/Model/Colour	TOYOTA / VAN / WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE LONG KIAT
NRIC/Passport Number	400385041
Contact Number	97451345
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at junction of Luyang ave & Pasir Ris Drive 3 for the traffic light. The other vehicle hits my car from the back. Video and photos are taken for the accident. A statement is written by the other Driver @ on the spot describing the event and he is willing to take responsibility

DECLARATION

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

[Signature] 25/03

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 

Reporting Centre Personnel's Signature
Name: *[Signature]* JAMES TAN
NRIC/FIN No.: 588201262

SUPPORTING DOCUMENT

Name: Lee Long Keat

Pin No: F8888761P

tel: 97451345

I driving with WTD, on 24/9/18 1635pm

at Jalan May RD bump at ^{Car Audi TFSI} SLX 4734 X at Back

~~Company~~ Rental

this van hire from KST Auto Rental Pte. Ltd.

Add: 3021A UEL Road 1 # 01 - 42 (S) 468715

TEL: 67415520

Regards

for
Lee Long Keat

24/9/18

Sterling Huay


24/09/18

Mob: 92379150

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

