

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 liability.
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	08/10/2018 14:05
Date Of Accident	06/10/2018 22:45
Exact Location Of Accident	BUKIT BATOK ST 52
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKQ914T
Insured/Policyholder	
Name Of Registered Owner	CHUA HONG LIANG
NRIC No	S8116180A
Email Address	RIANCHUA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98448831
Alternative Phone No	Others-98448831

Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3
Exact Purpose for which vehicle was being used at time of accident	PICK UP MY FAMILY
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1800097652
Cover Note Number	

Driver	
Name of Driver	CHUA HONG LIANG
NRIC No	S8116180A
Date Of Birth	21/05/1981
Occupation	INDOOR
Date Of Driving Pass	18/04/2002
Driving Experience	16 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98448831
Fax Number	
Contact Number	OTHERS-98448831
EMail Address	RIANCHUA@YAHOO.COM.SG
Address	BLK 289B PUNGGOL PLACE #14-875
Postcode	822289
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

REFER TO ATTACHMENT

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	SLM2370H
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH GEOK SOON
NRIC/Passport Number	S0128373A
Contact Number	97818703

Address
Postcode

Insurance Company Name

AIG Asia Pacific Insurance Pte. Ltd.

Nature Of Damage

No. Of Passenger (Including Driver)

I was driving on street 52 towards Little Guilin.
It was a clear night, ~~with no car on my lane before the~~
After the bend, the moment I realised, I saw the
vehicle in front of me and I steer hard to right
to prevent accident after checking blind spot before bend.

~~I am not speeding at that point of time, the~~

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

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



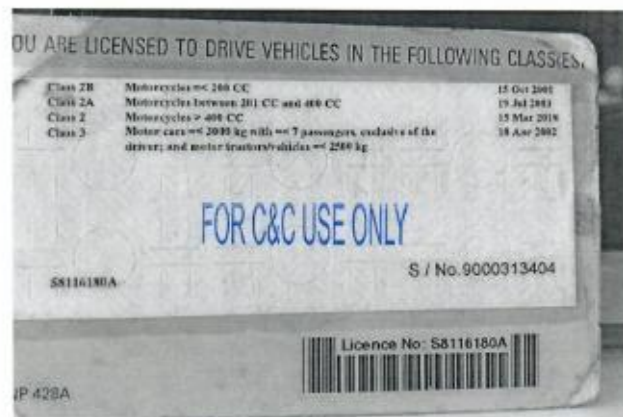
Accident Photo



Identification Card



Driving License



Driving License

