

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	29/10/2018 16:09
Date Of Accident	14/10/2018 23:25
Exact Location Of Accident	ALONG PASIR RIS DRIVE 8 SLIP ROAD TOWARDS PASIR RI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1992Y
Insured/Policyholder	
Name Of Registered Owner	CHAN CHEONG SENG
NRIC No	S2568076F
Email Address	THCRUDELE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97312384
Alternative Phone No	Office-97312384

Vehicle Particulars

Manufacturer	VOLVO
Model	V40 T2 R-DESIGN
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	1800000778
Cover Note Number	

Driver

Name of Driver	CHAN WEI SHAN
NRIC No	S9448498G
Date Of Birth	23/12/1994
Occupation	INDOOR
Date Of Driving Pass	26/01/2016
Driving Experience	2 YEARS AND 8 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97312384
Fax Number	
Contact Number	
EMail Address	THCRUDELE@HOTMAIL.COM
Address	BLK 257 #08-200 TAMPINES ST 21
Postcode	520257
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : Luqman bin Mohamad Gender: : Male

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

#others Upload the drawing sketch plan I was driving Car A and both of us Car A and B were at a complete stop on the filter lane waiting for traffic on the main road on the right to clear to turn left. Upon seeing the traffic has cleared I started to lift my foot from the brake not noticing that Car B was still in front of me at which point I bumped lightly into the rear of Car B.

Attachment(s)

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

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License



Driving License



Driving License

