# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 05/11/2018 09:49

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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|--|--|
|  | ACCIDENT STATEMENT   |
| Date Of Report   | 24/10/2018 12:50   |
| Date Of Accident   | 23/10/2018 19:35   |
| Exact Location Of Accident   | PIE TOWARDS CHANGI NEAR BEDOK NORTH AVE 3 EXIT   |
| Country/State of Loss  | SINGAPORE  |
|  | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number  | SLB2658L   |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | LOH JYEK FENG (LUO JIEFENG)  |
| NRIC No  | S7720549G  |
| Email Address  | JACKODOOS@HOTMAIL.COM  |
| Mobile Phone No  | (LOCAL) +65-91088459   |
| Alternative Phone No   | Others-91088459  |
| Vehicle Particulars  |  |
| Manufacturer   | SUBARU   |
| Model  | FORESTER   |
| 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  | 2100459591-02  |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | LOH JYEK FENG (LUO JIEFENG)  |
| NRIC No  | S7720549G  |
| Date Of Birth  | 11/07/1977   |
| Occupation   | INDOOD   |

**INDOOR** 

01/06/1998

20 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91088459

Fax Number

**Contact Number** 

EMail Address JACKODOOS@HOTMAIL.COM

Address 6 BEDOK RESERVOIR VIEW

THE CLEARWATER #12-16 SINGAPORE

Postcode 479234

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

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YES

NO

1

NO

NO

#### **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?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

no sketch plan

## 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

SJM5894S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

## **Sketch Plan**



# **Accident Photo**



# **Accident Photo**



# **Accident Photo**

