

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	26/10/2018 21:29
Date Of Accident	26/10/2018 09:00
Exact Location Of Accident	KAKI BUKIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3621U
Insured/Policyholder	
Name Of Registered Owner	LEE KHUAY GUAN
Work Permit No	S1105111A
Email Address	LKGUAN118@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91599776
Alternative Phone No	Office-67469638

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-TURBO
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	1800041486
Cover Note Number	

Driver

Name of Driver	LOW BEE ENG
NRIC No	S1292996Z
Date Of Birth	20/10/1958
Occupation	INDOOR
Date Of Driving Pass	21/11/1997
Driving Experience	20 YEARS AND 11 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91699922
Fax Number	
Contact Number	OFFICE-67469638
EEmail Address	LKGUAN118@GMAIL.COM
Address	73C LORONG MARZUKI SANTA TERRACE SINGAPORE
Postcode	417165
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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

No Collision, #others, Upload the drawing sketch plan. It happened on 26 Oct at around 9 am at Kaki Bukit 2 or 3. Travelling on the filter lane behind a L driver. Road was pretty clear and she was about to move and drive out and I too got ready to move. But I notice her car was moving back and it was too late because I have started moving forward. The next thing I heard a slight bang. Car instructor came down and I told him your car was moving backward. Notice instructor was taking his bag of coffee. I am just wondering is he diligently teaching his student or having his break.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD8751L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number

Contact Number

Address

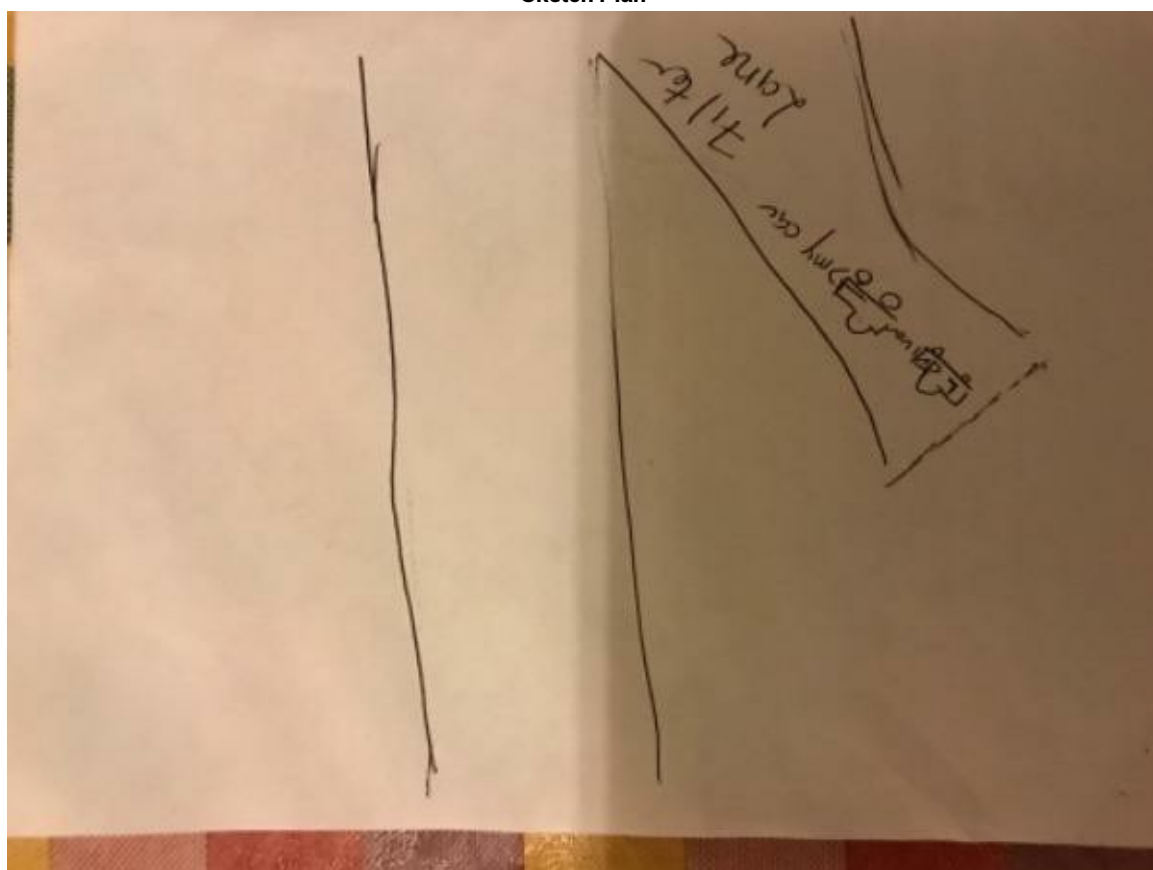
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo

8:05 PM Fri 26 Oct

45%

Done

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