

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	08/11/2018 22:45
Date Of Accident	05/11/2018 13:30
Exact Location Of Accident	JOO CHIAT PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCU2515Y
Insured/Policyholder	
Name Of Registered Owner	CHAN TUCK SENG
NRIC No	S1775212Z
Email Address	CHAN_TS@PMAIL.NTU.EDU.SG
Mobile Phone No	(LOCAL) +65-93622120
Alternative Phone No	Office-67669947

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	0100641668-12
Cover Note Number	

Driver

Name of Driver	CHAN TUCK SENG
NRIC No	S1775212Z
Date Of Birth	28/03/1966
Occupation	INDOOR
Date Of Driving Pass	16/12/2002
Driving Experience	15 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93622120
Fax Number	
Contact Number	OFFICE-67669947
E-Mail Address	CHAN_TS@PMAIL.NTU.EDU.SG
Address	BLK 601 CHOA CHU KANG ST 62 #02-05 SINGAPORE
Postcode	680601
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 - CROSS JUNCTION
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)	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?	

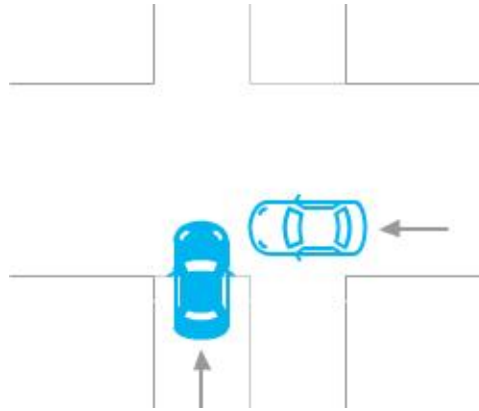
Circumstances of Accident

#xJunction Moving Straight along Minor Road & Moving Straight along Main Road Blue Car SCU2515Y White Car GQ1360G After SCU2515Y crossed over to the opposite minor road GQ1360G left front bumper hit onto SCU2515Y rear left bumper.

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



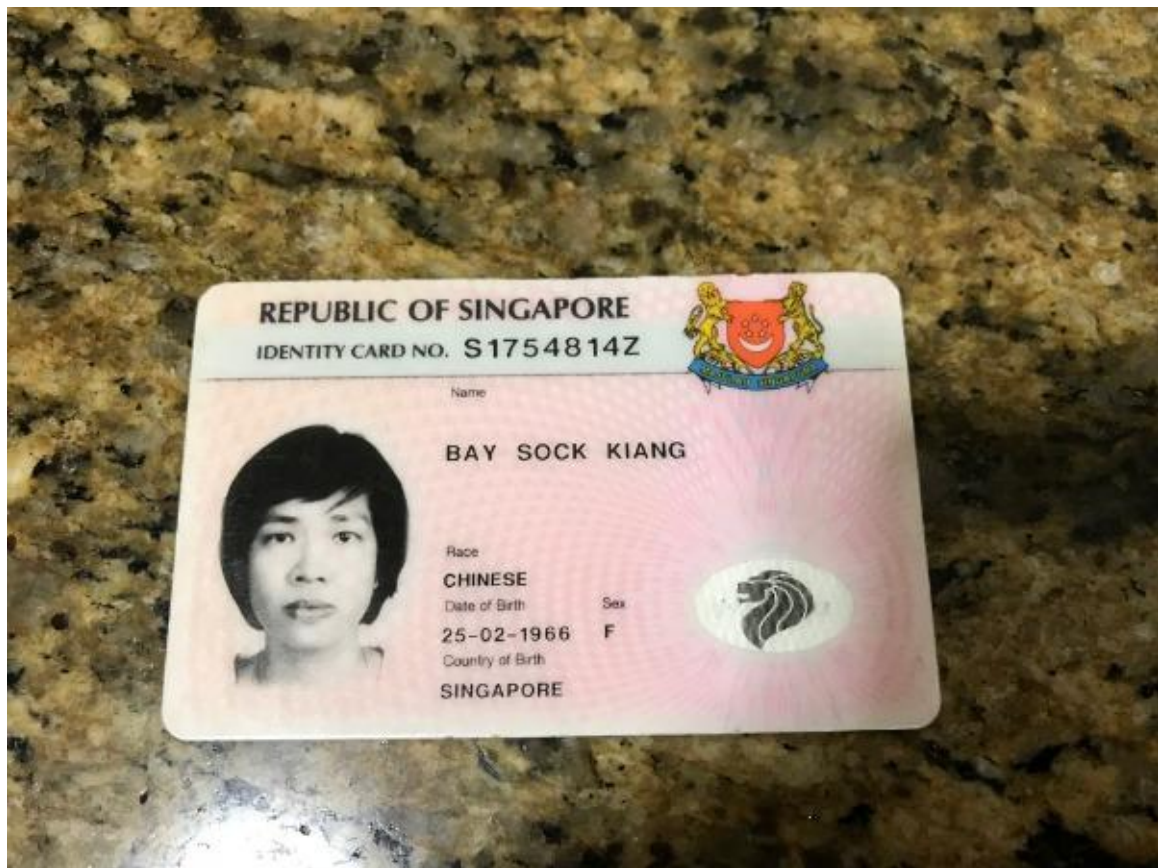
Driving License



Driving License



Identification Card



Identification Card

