

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	10/12/2018 17:28
Date Of Accident	22/11/2018 15:05
Exact Location Of Accident	63 HOLLAND RD SINGAPORE 258887
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS2717Y
Insured/Policyholder	
Name Of Registered Owner	VITALE GIOVANNI
NRIC No	S2599958D
Email Address	GVITALE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-94372062
Alternative Phone No	Others-81261223

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ GLA200 BE

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	2100407784-03
Cover Note Number	

Driver

Name of Driver	CHEW SIEW HONG
NRIC No	S1540150H
Date Of Birth	16/05/1962
Occupation	INDOOR
Date Of Driving Pass	21/08/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81261223

Fax Number

Contact Number

EMail Address

GVITALE@SINGNET.COM.SG

Address

83 PATERSON ROAD, #03-01,PATERSON RESIDENCE

Postcode

238549

Was driver an employee of the Insured's Company

YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

-

-

Insurance Company of Driver's Own Vehicle

-

-

-

General Information of the Accident

Type Of Accident

SIDE SWIPE

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?

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

#yJunction Turning out from a Side Road & Moving Straight Ahead 3570 2717 WSVC18002017 Accident_Description I was on a straight road left lane toward my condo Verdure (holland road)Suddenly the bus turns out from the side and swift and stop. I didn't realize my car has been scratch until late in the evening.

Attachment(s)

Are accident photos available for attachment?

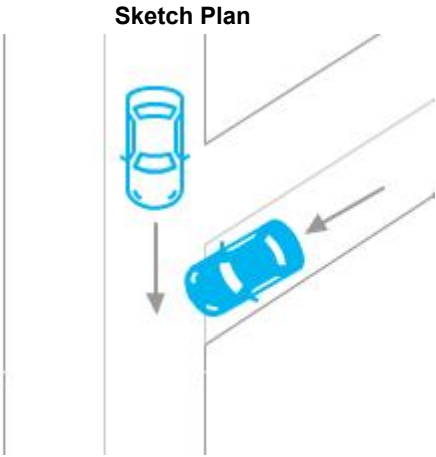
YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO




Accident Photo



Driving License

DOLLARS : FOUR HUNDRED AND FIFTY ONLY

ERMS : CASH

BY:  TO:

23 NOV 2018



Driving License



Driving License



Identification Card

