

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	29/01/2019 17:25
Date Of Accident	01/12/2018 18:50
Exact Location Of Accident	KPE BEFORE TUNNEL NEAR BUANGKOK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8090P
Insured/Policyholder	
Name Of Registered Owner	HUANG JIANHUANG
NRIC No	S2660073A
Email Address	HUANGWEIWEI.92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	Others-96608852

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8 CVT
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	1700074956-01
Cover Note Number	

Driver

Name of Driver	HUANG ZHIWEI
NRIC No	S9271543D
Date Of Birth	27/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2014
Driving Experience	4 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-92259683
Fax Number	
Contact Number	
E-Mail Address	HUANGWEIWEI.92@GMAIL.COM
Address	68 SENGKANG SQUARE #01-39
Postcode	544704
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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

#chaincollision WSVC19000202 Accident_Scenario Chain Collision. This image is for illustration purpose only. In the description of the accident scenario please list down the vehicle no. of all vehicles involved in the exact sequence. WSVC19000202 Accident_Description I was driving Vehicle 3(SLT8090P) along KPE and just before the tunnel near Buangkok I was heading up the slope and upon going down slope I saw Vehicle 2(SKC5132Z) in front of me stopping I applied brake on my car. However due to the rainy weather wet surface and down slope. I was unable to stop my car which resulted in me colliding into the rear of Vehicle 2. Due to the impact Vehicle 2 moved forward and collided into the rear of Vehicle (SLK5622Y)1. Vehicle 2 and Vehicle 1 managed to jam break in time as there was another accident in front which caused all the vehicles behind to jam break.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INSD DID NOT PROVIDE VIDEO FOOTAGE
Was there any audio recorded?	NO

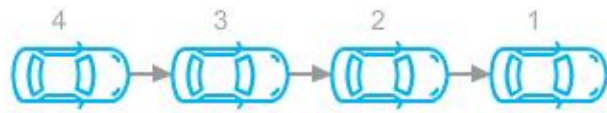
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC5132Z
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



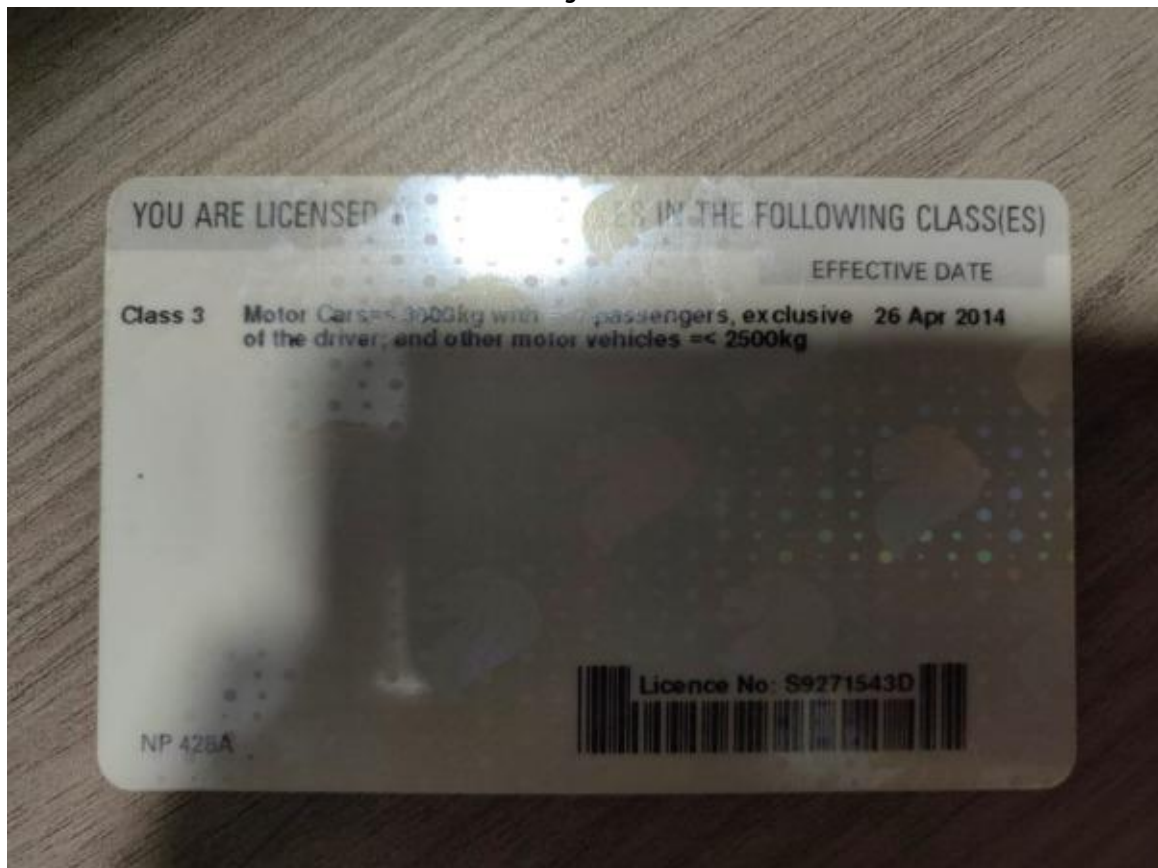
Accident Photo



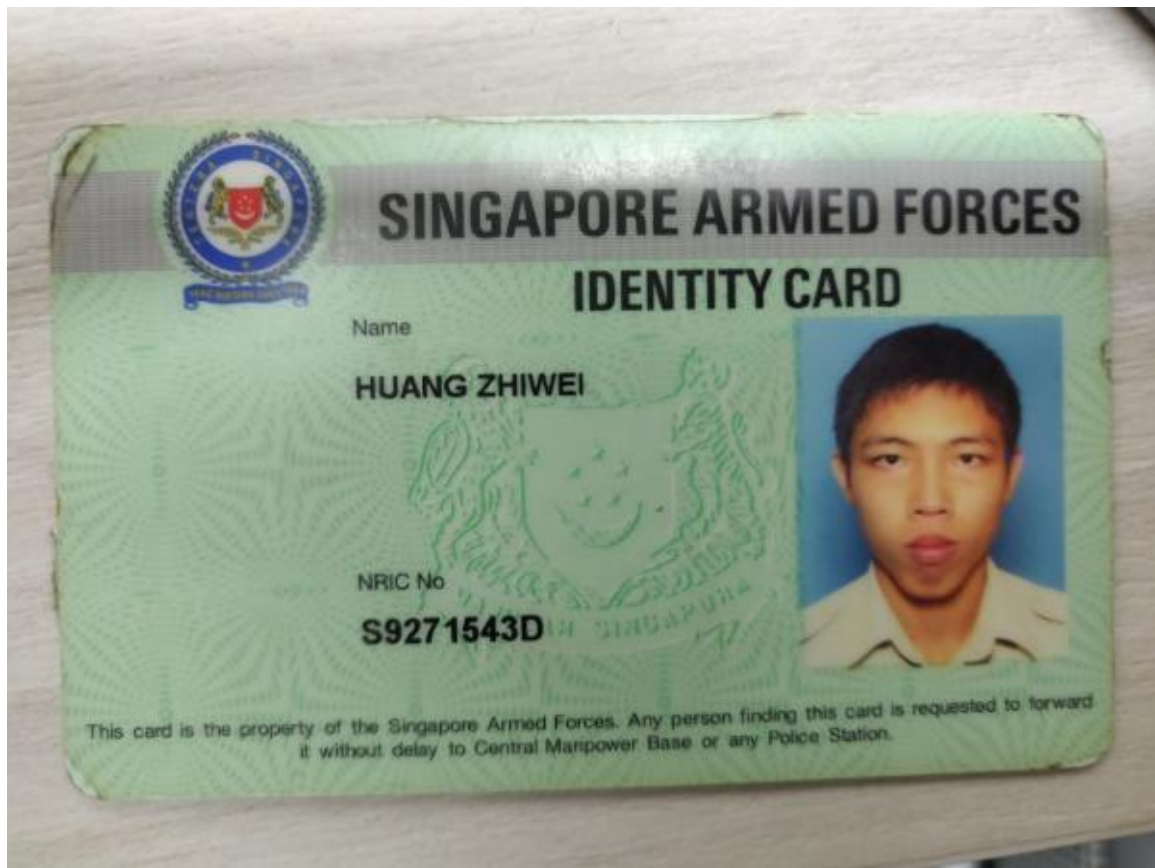
Driving License



Driving License



Identification Card



Driving License

