

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	06/12/2018 13:19
Date Of Accident	06/12/2018 09:35
Exact Location Of Accident	LOR 1 TOA PAYOH TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9909M
Insured/Policyholder	
Name Of Registered Owner	CHIENG KAI SENG
NRIC No	S7468022D
Email Address	CKS.JAMES@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90217740
Alternative Phone No	HOME-66735178

Vehicle Particulars

Manufacturer	KIA
Model	CARENS-1.7 D DCT 5DR FWD (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	1700029701-01
Cover Note Number	

Driver

Name of Driver	HUANG YING
NRIC No	S7567203I
Date Of Birth	12/08/1975
Occupation	INDOOR
Date Of Driving Pass	27/04/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90217640
Fax Number	
Contact Number	HOME-66735178
EMail Address	HYY9999@GMAIL.COM

Address	BLK 153 LORONG 2 TOA PAYOH #13-606 SINGAPORE
Postcode	310153
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : WEI YUN GENDER: : FEMALE

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

AS I WAS TRAVELLING STRAIGHT ROAD ON LOR 1 TOA PAYOH, SUDDENLY VEHICLE B(SJQ5828M) FROM MY RIGHT LANE JOINT MY LANE AND COLLIDED TO MY VEHICLE RIGHT HAND SIDE PORTION.

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	SJQ5828M
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU TIANG WEE (LIU ZHANWEI)
NRIC/Passport Number	S8330519C
Contact Number	87203018
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

BASIC INFORMATION

Date of Report:	06/12/18	Time:	
Date of Accident:	06/12/2018	Time:	0935
Exact Location of Accident:	Lor 1 Toa Payoh traffic Junction		

DETAILS OF OWN VEHICLE

Vehicle Registration Number:	SLQ 9909M	Name of Registered Owner:	Chieng Kai Seng
NRIC/Passport No./FIN:	S74680220	Company Reg. No(for Company Veh):	-

VEHICLE PARTICULARS

Manufacturer:	KIA	Model:	carens 17A
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others		
Are You Claiming Under Your Own Insurance ?	<input type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input checked="" type="checkbox"/> NO 3rd Party		
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire		

INSURANCE DETAILS

Name of Insurance:	AIG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	1700029701-01		

Driver when the Accident Happen

Name of Driver:	Huang Ying	NRIC/Passport/Fin No:	S75672031
Date of Birth:	12/08/1975	Occupation:	Account Assistant
Date of Driving Pass:	27/04/2010	Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mobile No.:	90217640	Home No.:	66735178
Address:	Blk 153 Lorong 2 Toa Payoh #13-606 Singapore Postal Code 310153		
Email Address:	hy9999@gmail.com		
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured spouse		
Vehicle Registration Number of driver's Own Vehicle:	-		
Insurance Company:	-		

OTHER INFORMATION OF THE ACCIDENT

Type of Accident:	3rd Party H/H Insured (change lane)		
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface:	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Passengers(Including Driver):	2
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was there any video captured by your Camera?:	NO
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was there any audio recording?:	NO
Which Police Station:	-		
Was notice of Intended Prosecution given:	-		

DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)

Vehicle Registration Number:	SJQ 5828M	Name of Registered Owner:	(Model: Hyundai)
NRIC/Passport No./FIN:		Company Reg. No(for Company Veh):	
Name of Driver:	Lau Tiang Nee (Fu Zhan Wei)	NRIC/Passport/Fin No:	S8330519C
Mobile No.:	87203018	Home No.:	
Address:		Postal Code:	
Email Address:			
Insurance Company:			

Details of Passenger if any

Passenger Name:	
Contact Number:	
Gender:	

Details of Injured Person

Name:		Age:	
Address:			
Injured Sustained:	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

