

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	11/01/2019 18:50
Date Of Accident	11/01/2019 15:30
Exact Location Of Accident	LUTHEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7530H
Insured/Policyholder	
Name Of Registered Owner	JAYNE STREET
NRIC No	S7969621H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83235253
Alternative Phone No	Others-81830184

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO 2.2 A DIESEL
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	1800002823
Cover Note Number	

Driver

Name of Driver	JAYNE STREET
NRIC No	S7969621H
Date Of Birth	17/09/1979
Occupation	INDOOR
Date Of Driving Pass	04/12/2012
Driving Experience	6 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-83235253
Fax Number	
Contact Number	OTHERS-81830184
EMail Address	NOEMAIL
Address	10 DUKE'S ROAD SINGAPORE
Postcode	268890
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	Name: : EMILIA STREET 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

#chaincollision Chain Collision. This image is for illustration purpose only. In the description of the accident scenario WSVC19000057 Accident_Description I was driving in car 2 and ran into car 1 which had braked suddenly due to a car turning into a drive in front of car 1 There was no car 3 and car 4 Vehicle 1 registration is SJY 1314M Vehicle 2 is my car

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
 Vehicle Make/Model/Colour
 Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

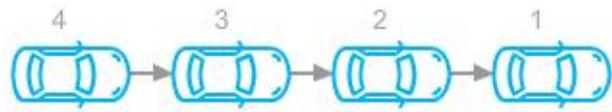
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



Driving License



Driving License



Identification Card



Identification Card

