

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	27/01/2019 13:21
Date Of Accident	27/01/2019 02:40
Exact Location Of Accident	BEFORE CROSS JUNCTION OF ALEXANDER ROAD AND QUEENS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ9120Z
Insured/Policyholder	
Name Of Registered Owner	PHEE PENG YEOW
NRIC No	S0121071H
Email Address	TING_PS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96335567
Alternative Phone No	Office-97717985

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-TURBO
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	1800060005
Cover Note Number	

Driver

Name of Driver	PHEE SWEE TENG
NRIC No	s8501290H
Date Of Birth	02/02/1985
Occupation	INDOOR
Date Of Driving Pass	31/08/2009
Driving Experience	9 YEARS AND 4 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97717985
Fax Number	
Contact Number	
E-Mail Address	TING_PS@HOTMAIL.COM
Address	4 DELTA AVENUE, DELTA AVENUE ESTATE
Postcode	161004
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
Foreign Vehicle Registration Number	SLG2385Y (PRIVATE CAR)
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	Name: : phee swee tin Gender: : Female
Passenger 2	Name: : yeo chek cheng Gender: : Female
Passenger 3	Name: : phee peng yeow Gender: : Male

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 please list down the vehicle no. of all vehicles involved in the exact sequence. Vehicle 1 is SLG2385Y and Vehicle 2 is SLZ9120Z. Vehicle 2 is slower to brake and hits the rear of Vehicle 1. No other vehicle is involved.

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

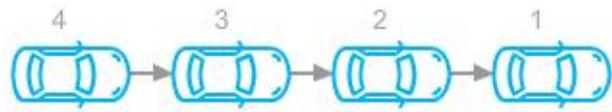
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card



5515394



NRIC No. S8501290H



Address

APT BLK 4 DELTA AVENUE
#02-08
SINGAPORE 161004

Driving License



Driving License

