

## 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	21/01/2019 22:05
Date Of Accident	21/01/2019 16:30
Exact Location Of Accident	ANG MO KIO AVE 3 OUTSIDE ANG MO KIO HUB JUST AFTER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5403C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU HAN KEE
NRIC No	S0075802G
Email Address	BECKYLAU77@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96208355
Alternative Phone No	Others-98277876

### Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL
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	2100506056-01
Cover Note Number	

### Driver

Name of Driver	LAU HAN KEE
NRIC No	S0075802G
Date Of Birth	28/02/1948
Occupation	INDOOR
Date Of Driving Pass	21/12/2002
Driving Experience	16 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-96208355
Fax Number	
Contact Number	OTHERS-98277876
E-Mail Address	BECKYLAU77@YAHOO.COM
Address	20 ELLINGTON SQUARE SINGAPORE
Postcode	568931
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	SIDE SWIPE
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	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)	2
Passenger 1	Name: : Mary Grace 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

Circumstances Of Accident #straightroad, Changing lane & Moving in own Lane, Blue Car SHF122E, White Car SLM5403C. I was at the extreme right lane waiting for the red light to turn green. When it turned green a taxi from the taxi stand turned out from the extreme left and cut three lanes into my lane just when I started moving. I could not stop in time and knocked into the side of the taxi.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NO VIDEO FILE ATTACHED
Was there any audio recorded?	NO

#### Details of Witness 1

Name	MARY GRACE
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Phone Number	97976692
Email Address	BECKYLAU77@YAHOO.COM

DETAILS OF OTHER VEHICLE PROPERTY 1
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Vehicle Registration Number	SHF122E
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	TAXI
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Name of Driver

NRIC/Passport Number

Contact Number	96276225
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Address

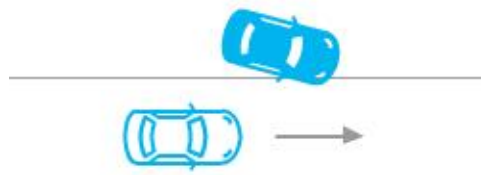
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Insd's Nric (Front)



Insd's Nric (Back)



Insd's Driving License (Front)



Insd's Driving License (Back)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Jan 1975
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Licence No. S0115065G

NP 428A