

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	05/02/2019 00:44
Date Of Accident	04/02/2019 20:30
Exact Location Of Accident	NEW BRIDGE ROAD TURNING LEFT ONTO UPPER PICKERING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7356Z
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Insured/Policyholder

Name Of Registered Owner	LOW SHU MING DAMIEN
NRIC No	S7304294A
Email Address	DAMILOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96894704
Alternative Phone No	OTHERS-96894704

Vehicle Particulars

Manufacturer	LAND ROVER
Model	DISCOVERY SPORT 2.0P SE (5/7 SEATER)
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	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	1800052774
Cover Note Number	

Driver

Name of Driver	LOW SHU MING DAMIEN
NRIC No	S7304294A
Date Of Birth	18/01/1973
Occupation	INDOOR
Date Of Driving Pass	28/11/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96894704
Fax Number	
Contact Number	OTHERS-96894704
Email Address	DAMILOW@GMAIL.COM

Address	15 ROBIN ROAD #04-02 SINGAPORE
Postcode	258196
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	FAIRLY CLEAR. HAD BEEN RAINING EARLIER
Road Surface	SLIGHTLY 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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : CORINNE NG GENDER: : FEMALE
Passenger 2	NAME: : LOW LI EN GENDER: : FEMALE
Passenger 3	NAME: : LOW KAE LIN 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

WSVC19000266 Accident_Description I was driving on New Bridge Road turning left onto Upper Pickering Street. It was a 2 lane left turn onto Upper Pickering Street. As I turned left on the outer lane the vehicle SHF706X who was turning on the inner lane decided to change lanes and swerved right into my lane hitting my car on the left side. My left front and back doors were damaged in the process. We moved to Upper Pickering Street and stopped on the left side to exchange details. The driver of vehicle SHF706X admitted his fault in the accident. He asked me to get an assessment of the cost of repairs and mentioned he preferred to pay me directly instead of claiming against his insurance company unless the cost of repairs was too high. Additional Information /Addendments: I had originally not made any claims as the driver of vehicle SHF706X, Lee Poh Chai, wanted to pay me directly for the repairs after admitting his fault in the accident. He asked for an estimate of the repairs on my vehicle. After sending him an estimate of the repairs on my vehicle. After sending him an estimate of the repairs on the 7th Feb 2019, he decided he would not be paying me directly and wanted me to claim against his insurance. Hence, I am now submitting a third party claim. Furthermore upon bringing the car to wearnes on 7th Feb 2019, There was further visible damage that extended beyond the left doors as originally seen on the right of 04 Feb 2019.

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 SHF706X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

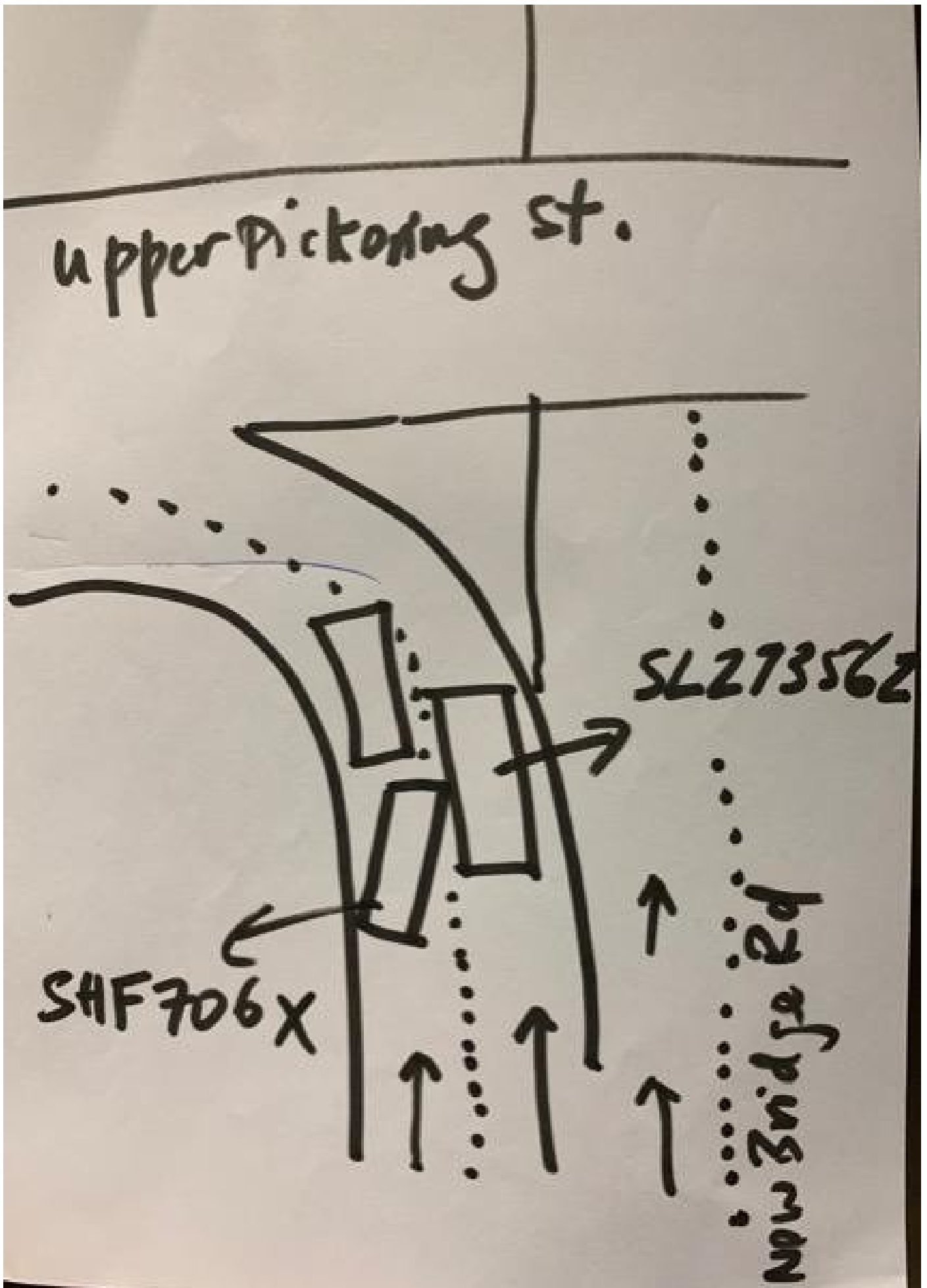
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



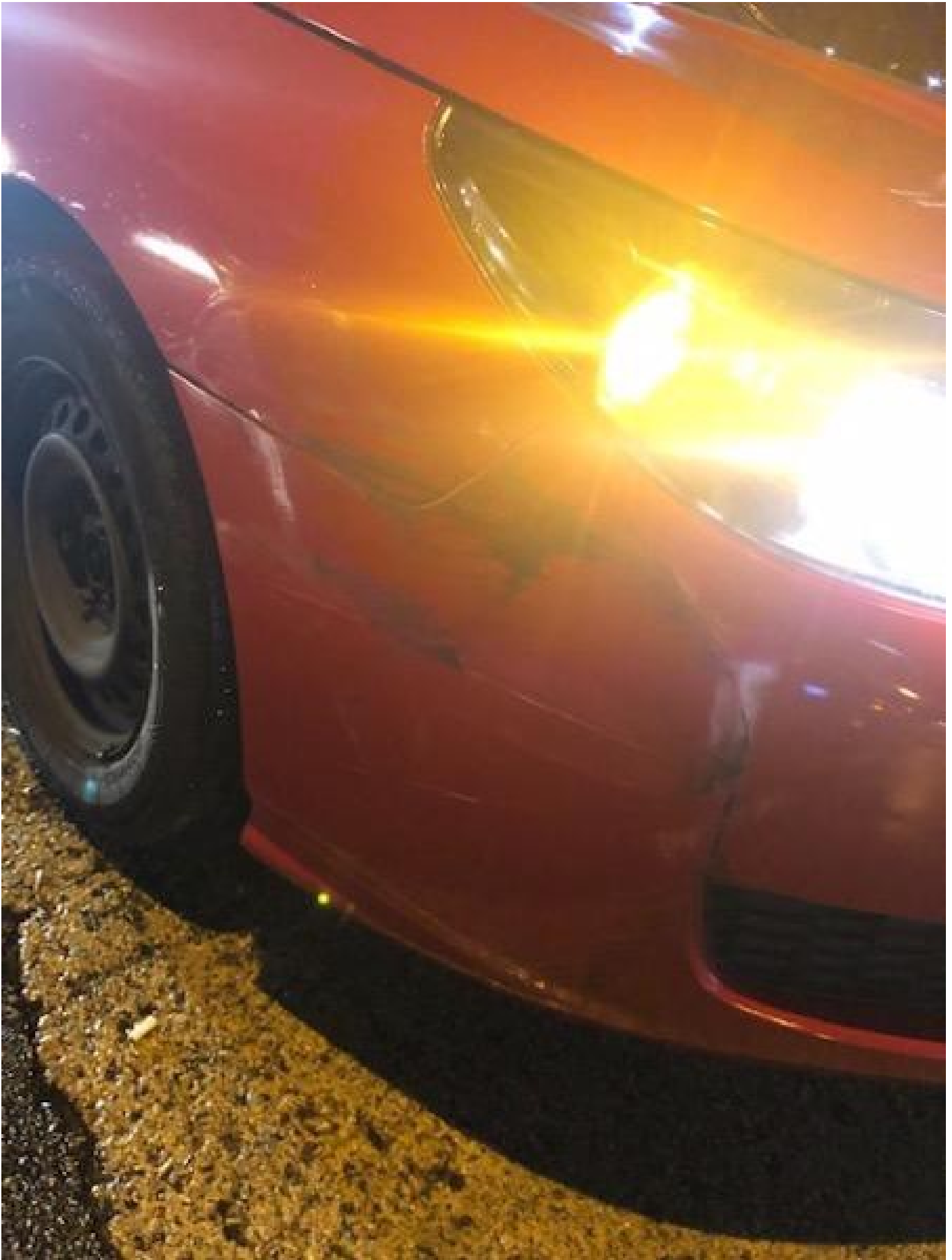
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICEN**



Licence Number: **S7304294A**
Name: **LOW SHU MING, DAMIEN**

Birth Date: **18 Jan 1973**
Issue Date: **28 Nov 2003**



001025085E

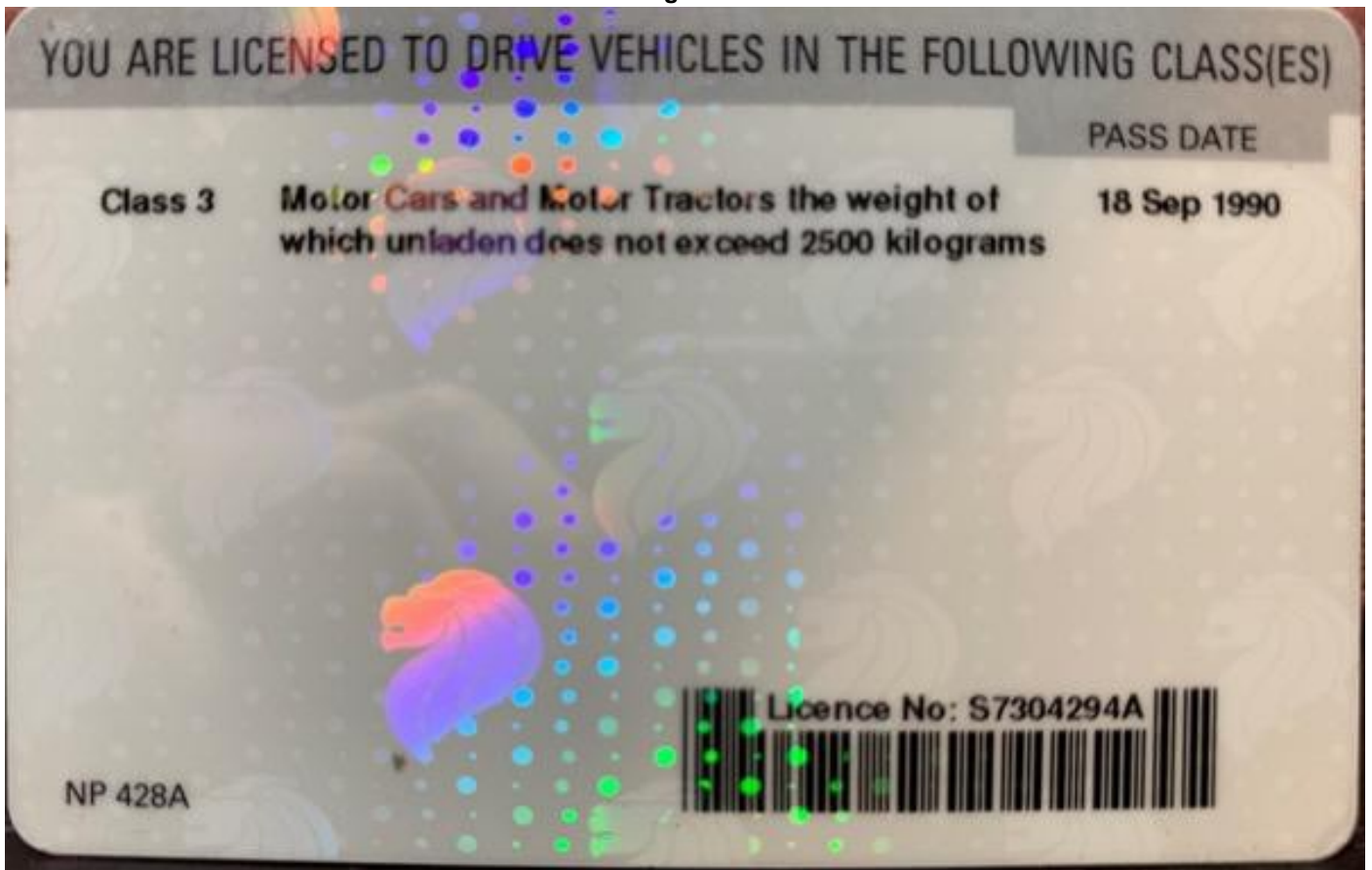
Driving License

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	18 Sep 1990


NP 428A


Licence No: S7304294A




Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7304294A





Name
LOW SHU MING, DAMIEN
(LIU SHUMING)
刘 树 铭


Race
CHINESE

Date of birth
18-01-1973

Sex
M

Country/Place of birth
SINGAPORE



Identification Card



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665902005 / GST Reg. No.: M400017795

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SLZ7356Z
Name (as shown in NRIC) : Low Shu Ming Damien NRIC/FIN/Passport No : 57304294A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 15 Robin Road, #04-02 Singapore 258996
Contact (Tel) : _____ Mobile No. : 96894704
Email Address : damilow@gmail.com
Date of Accident : 04/02/2019 Time of Accident : 20:30
Place of Accident : New Bridge Road Turning left onto Upper Pickering Street
Insurance Company : AIQ Asia Pacific Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I had originally not made any claim as the driver of vehicle SHF706X, Lee Poo'Chai, wanted to pay me directly for the repairs after admitting his fault in the accident. He asked for an estimate of the repairs on my vehicle. After sending him an estimate of the repairs on 7th Feb 2019, he decided he would not be paying me directly and wanted me to claim against his insurance. Hence, I am now submitting a third party claim.

Furthermore, upon bringing the car to Wearnes on 7th Feb 2019, there was further visible damage that extended beyond the left doors as originally seen on the night of 04 Feb 2019.

Policyholder / Driver's Signature
Date: _____

Reporting Centre Person's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____



Addendum Sheet



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 Policyholder / Driver's Signature
 Date: _____

Reporting Centre Person's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

