

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	06/02/2019 12:41
Date Of Accident	05/02/2019 14:45
Exact Location Of Accident	ALONG PIE (TOWARDS TUAS) BETWEEN EXITS 15 AND 19.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4600Y
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Insured/Policyholder

Name Of Registered Owner	WONG SIEW KEONG
NRIC No	S1296195B
Email Address	JOL.WONGXL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96673477
Alternative Phone No	Office-96366007

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	1800077939
Cover Note Number	

Driver

Name of Driver	WONG XIANG LING JOLENE
NRIC No	S8620128C
Date Of Birth	21/07/1986
Occupation	INDOOR
Date Of Driving Pass	24/03/2009
Driving Experience	9 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98257223
Fax Number	
Contact Number	
E-Mail Address	JOL.WONGXL@GMAIL.COM
Address	5 EASTWOOD PLACE
Postcode	486572
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?	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: : TOH ZUAN HAO 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

#straightroad Moving straight & Moving straight SMC4600Y SHD285D WSVC19000285 Accident_Description Both vehicles were travelling straight on the second lane in heavy traffic conditions with SHD285D slowing and accelerating as traffic flow allowed and SMC4600Y following at a safe distance. Immediately prior to the incident driver was observing the third lane to determine if it would be safe to change lanes when SHD285D slowed unexpectedly and passenger warned driver to brake but driver was unable to respond in a timely manner resulting in a head to rear collision.

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 / AUDIO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD285D
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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)

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License



Identification Card



Identification Card

