

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	24/07/2019 09:55
Date Of Accident	01/03/2019 19:25
Exact Location Of Accident	BUANGKOK DRIVE TOWARDS SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR931B
Insured/Policyholder	
Name Of Registered Owner	MAH WEI HUA (MA WEIHUA)
NRIC No	S7839742Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93695616
Alternative Phone No	Office-93695616

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER 2.0I-L
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	1700034285-02
Cover Note Number	

Driver

Name of Driver	MAH WEI HUA (MA WEIHUA)
NRIC No	S7839742Z
Date Of Birth	23/12/1978
Occupation	INDOOR
Date Of Driving Pass	07/07/2003
Driving Experience	15 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93695616
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	615B EDGEFIELD PLAINS #09-341 SINGAPORE
Postcode	822615
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 - MAJOR/MINOR RD
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)	1

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 #others Accident_Scenario Upload the drawing sketch plan SJF7621L was ahead of me along Buangkok Drive filtering out to Sengkang East Road towards Buangkok Green. I saw SJF7621L move off and I released my brake and looked right to watch out for oncoming traffic. But SJF7621L suddenly jammed brake. While I was able to stop my come in time I had unfortunately slightly scratched the bumper of SJF7621L. We both got out of our cars to examine the damage. As the damage was slight we both agreed to a private settlement. I gave the driver of SJF7621L my number and told him to call me once he gets a quote from his workshop. I did not receive any calls and only realised he had filed a claim against me when I tried renewing my policy.

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	SJF7621L
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle CategoryPRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

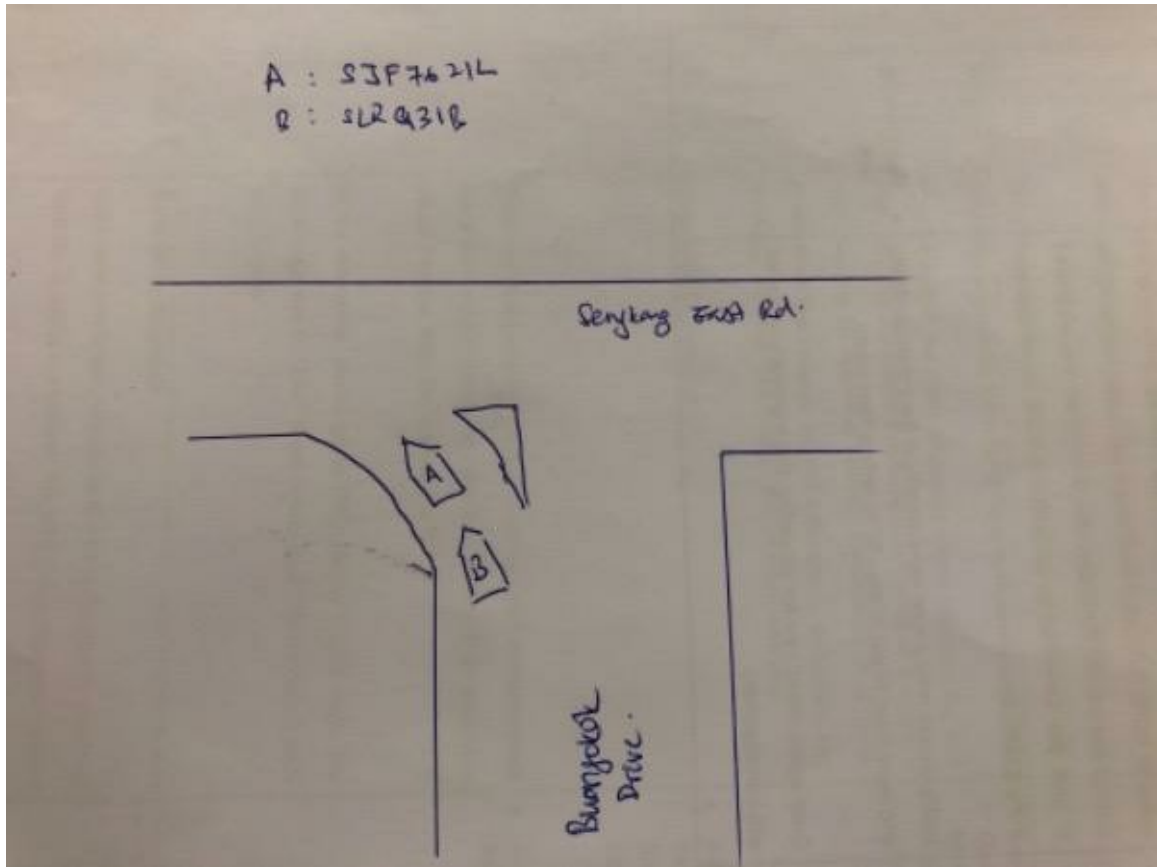
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



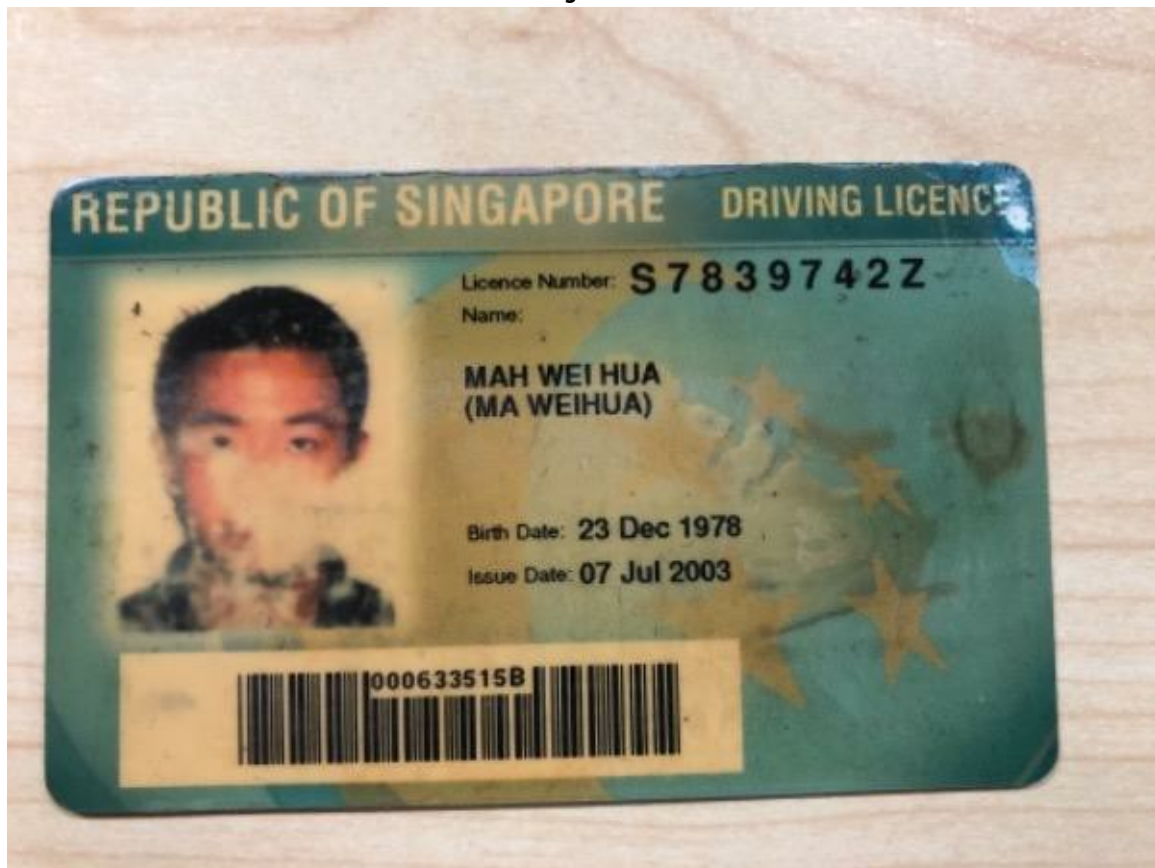
Accident Photo



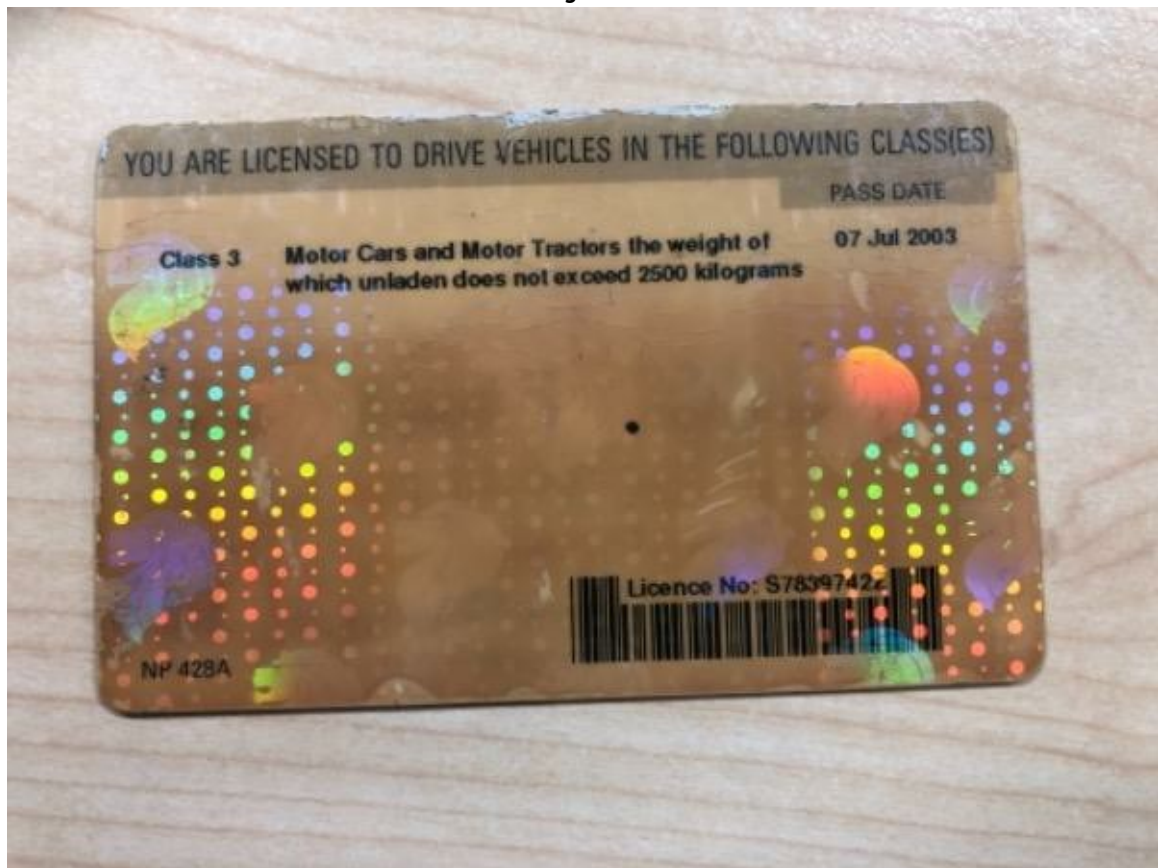
Accident Photo



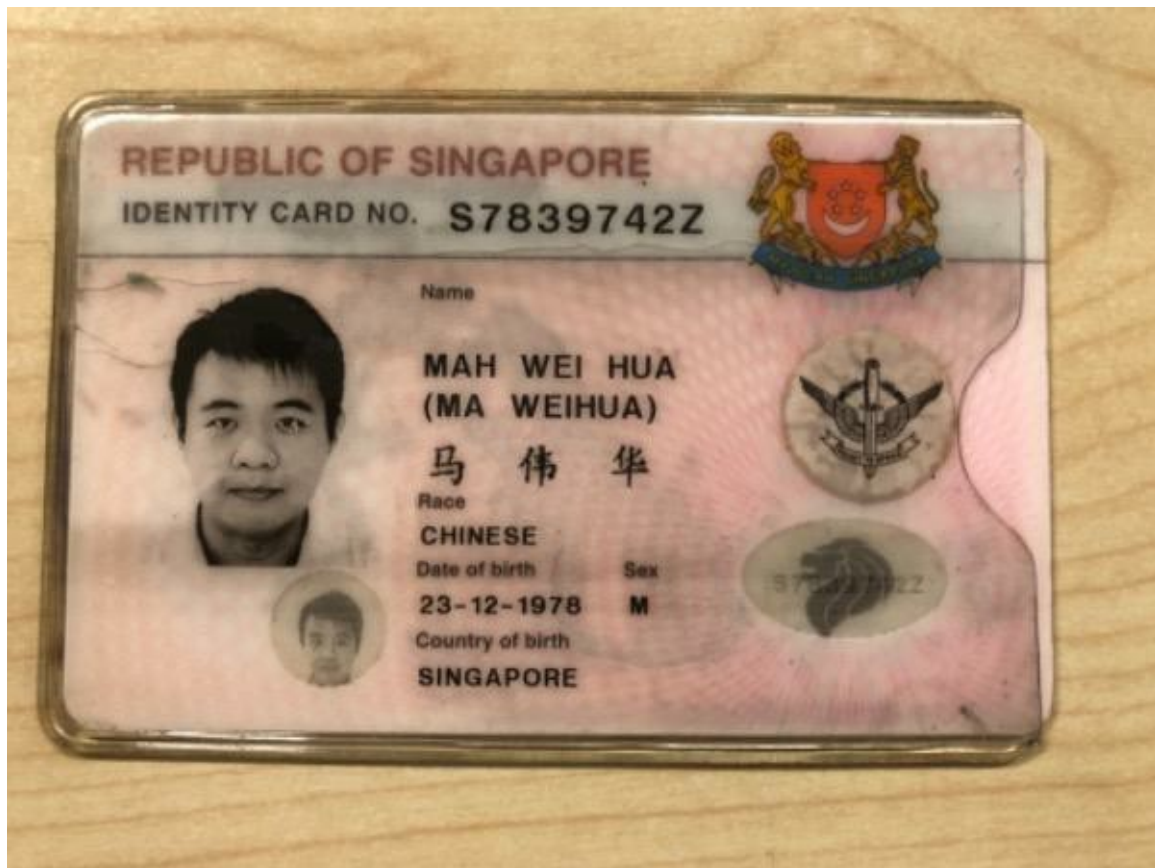
Driving License



Driving License



Identification Card



Identification Card

