

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 08:44
Date Of Accident	04/02/2019 10:35
Exact Location Of Accident	463 JURONG WEST STREET 41, BLOCK 463, SINGAPORE 64
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3686G
Insured/Policyholder	
Name Of Registered Owner	NG AIK SONG
NRIC No	S9103784Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97213721
Alternative Phone No	Office-97213721

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6
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	1800072295
Cover Note Number	

Driver

Name of Driver	NG AIK SONG
NRIC No	S9103784Z
Date Of Birth	04/02/1991
Occupation	INDOOR
Date Of Driving Pass	14/02/2014
Driving Experience	4 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97213721
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 470 JURONG WEST STREET 41 #10-435 SINGAPORE
Postcode	640470
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	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?	YES
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

#straightroad Changing lane & Moving in own Lane SMC3686G SHC5516K WSV19000284 Accident_Description I would like to report that the location of the accident is NOT as stated. There was difficulty indicating the accurate position on your website. Accident occurred on AYE towards MCE after Exit 6 but before Exit 3. The accident happened up to 200 metres before the Bridge to Bukit Merah Central (as stated in Google Maps). Our car (SMC) was on lane 1 changing lanes into lane 2. Switching lanes signal was on. All of a sudden taxi (SHC) apparently did not notice our car and side swiped the left side of the car as it did not slow down.

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	SHC5516K
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

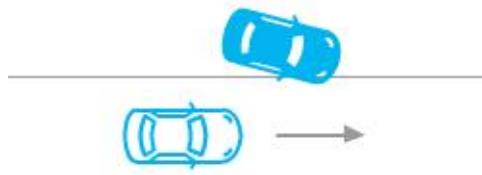
Postcode

Insurance Company Name

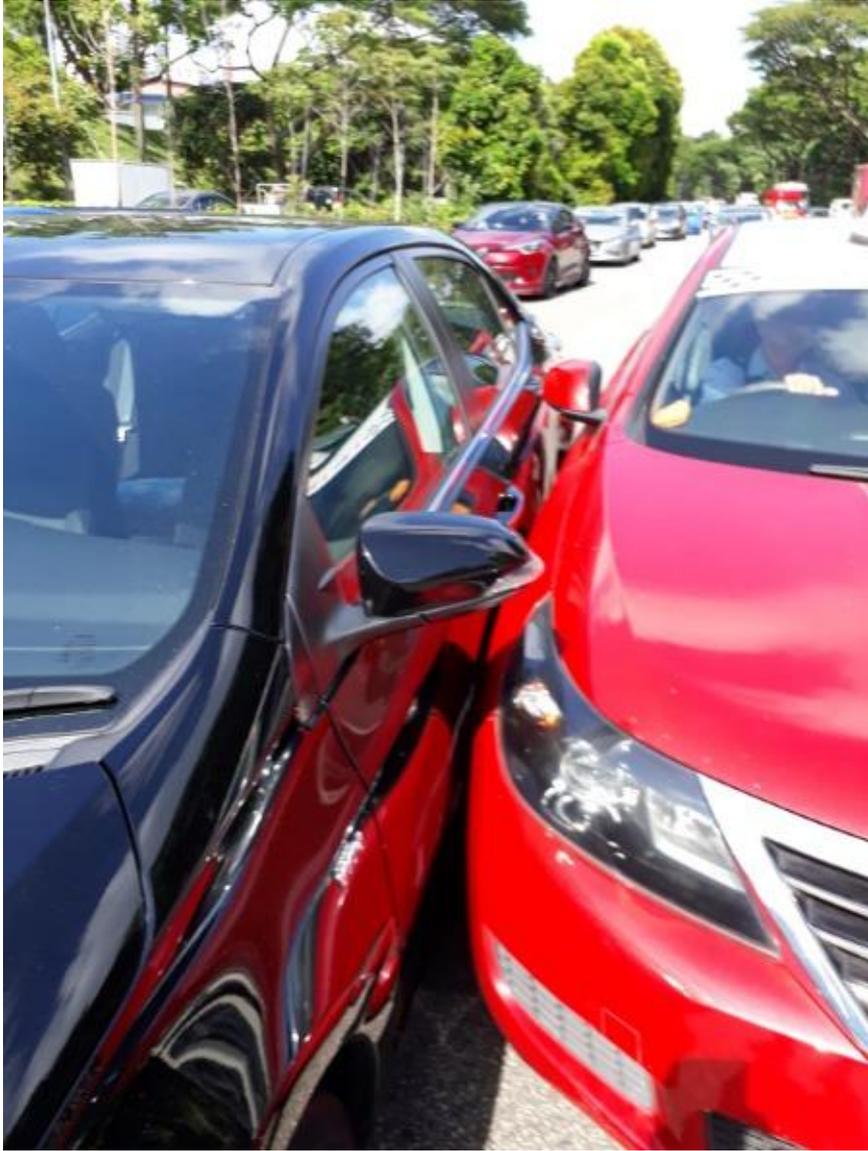
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License



Identification Card



Identification Card



1987840



NRIC No. S0141805Z

Blood Group Date of issue
O+ 06-05-1994

Address

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#10-435
SINGAPORE 2264