

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	12/02/2019 17:49
Date Of Accident	08/02/2019 22:55
Exact Location Of Accident	KJE ENTER SLIP RD INTO CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7860E
Insured/Policyholder	
Name Of Registered Owner	QUA CHOON LING YVONNE
NRIC No	S1763854H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97684412
Alternative Phone No	OTHERS-98484849

Vehicle Particulars

Manufacturer	SUZUKI
Model	X-CROSS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100467734-02
Cover Note Number	

Driver

Name of Driver	OEN BENG KWEE JEROME
NRIC No	S6831692H
Date Of Birth	28/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	02/03/1989
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98484849
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 518 JELAPANG RD #10-265
Postcode	670518
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
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: : FARHANA 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

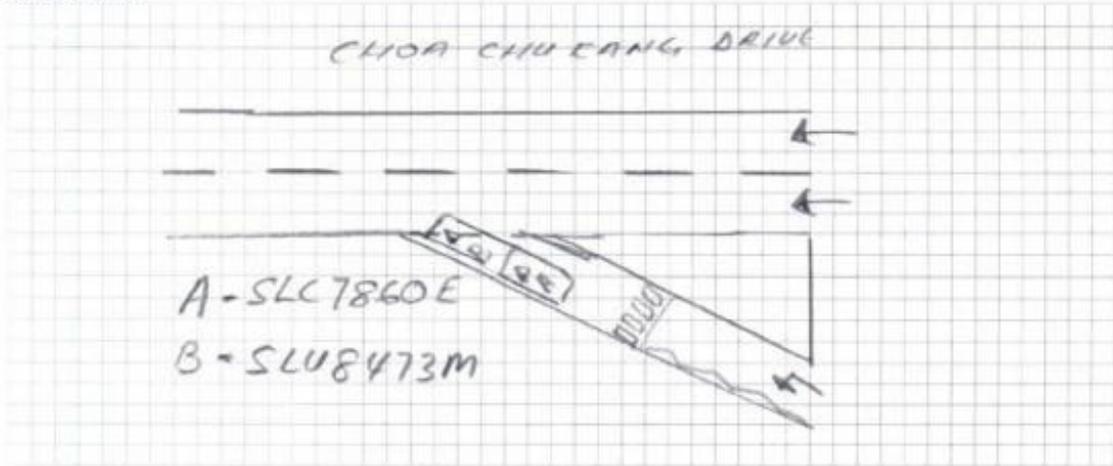
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU8473M
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN PUAY LENG
NRIC/Passport Number	S8608961J
Contact Number	97933279
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

溫明發

Driver's Signature
(If driver is not the policyholder)
Date & Time:

9/2/19

[Signature] 12/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

I WAS TRAVELLING FROM KJE ENTER SLIP RD INTO CHOA CHU KANG DRIVE. INFRT OF MY VEH(B) STOP AT THE GIVEWAY LINE TO GIVE WAY FOR ONCOMING VEH AND I FOLLOWED SUIT. WHEN VEH B MOVE OFF, I LOOK ONTO MY RIGHT AND WHEN THE ROAD WAS CLEAR, I PROCEED TO MOVE OFF. SUDDENLY VEH B STOP WHEN THE ROAD WAS CLEAR AND I HAVE NOT ENOUGH TIME TO REACT MY VEH HIT ONTO THE REAR PORTION OF VEH B.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. 58831692H



Name
GEN BENG KWEE JEROME

Sex
CHINESE

Date of Birth
29-09-1968

Country of Birth
SINGAPORE

Religion
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **58831692H**



GEN BENG KWEE JEROME

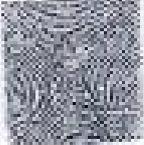
Issued: **28 Sep 1999**
Valid Until: **28 Jan 2015**



58831692H



58831692H



Expiry Date
28-01-2015

Address
**471 BLK D15 JALANAN ROAD
#10-220
SINGAPORE 670415**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EXPIRES ON: **28 Mar 1999**

Class 3 Motor Cars - (MOT) with <= 7 passengers, inclusive of the driver, and other motor vehicles <= 250kg



License No. 58831692H

NP 426A