

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 21:48
Date Of Accident	08/02/2019 22:00
Exact Location Of Accident	AT THE TRAFFIC JUNCTION BETWEEN MARINA BOULEVARD A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCX858E
Insured/Policyholder	
Name Of Registered Owner	POH BEE LIN
NRIC No	S1649858J
Email Address	TAMMY2KOR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97977770
Alternative Phone No	Office-97977770

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ C180 (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	2100143478-08
Cover Note Number	

Driver

Name of Driver	POH BEE LIN
NRIC No	S1649858J
Date Of Birth	07/07/1964
Occupation	INDOOR
Date Of Driving Pass	30/12/2003
Driving Experience	15 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-97977770
Fax Number	
Contact Number	OFFICE-97977770
E-Mail Address	TAMMY2KOR@GMAIL.COM
Address	2 DAISY ROAD #01-06 SINGAPORE
Postcode	359425
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	NO COLLISION
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)	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

Accident Type Side Swipe, Circumstances Of Accident #others, Accident_Scenario Upload the drawing sketch plan, Accident_Description I was changing lane but the blind spot causes me to miss seeing the taxi coming on my left and this caused a swipe on the right side of the cab.

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	SHB5112Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

NRIC/Passport Number

Contact Number

96683253

Address

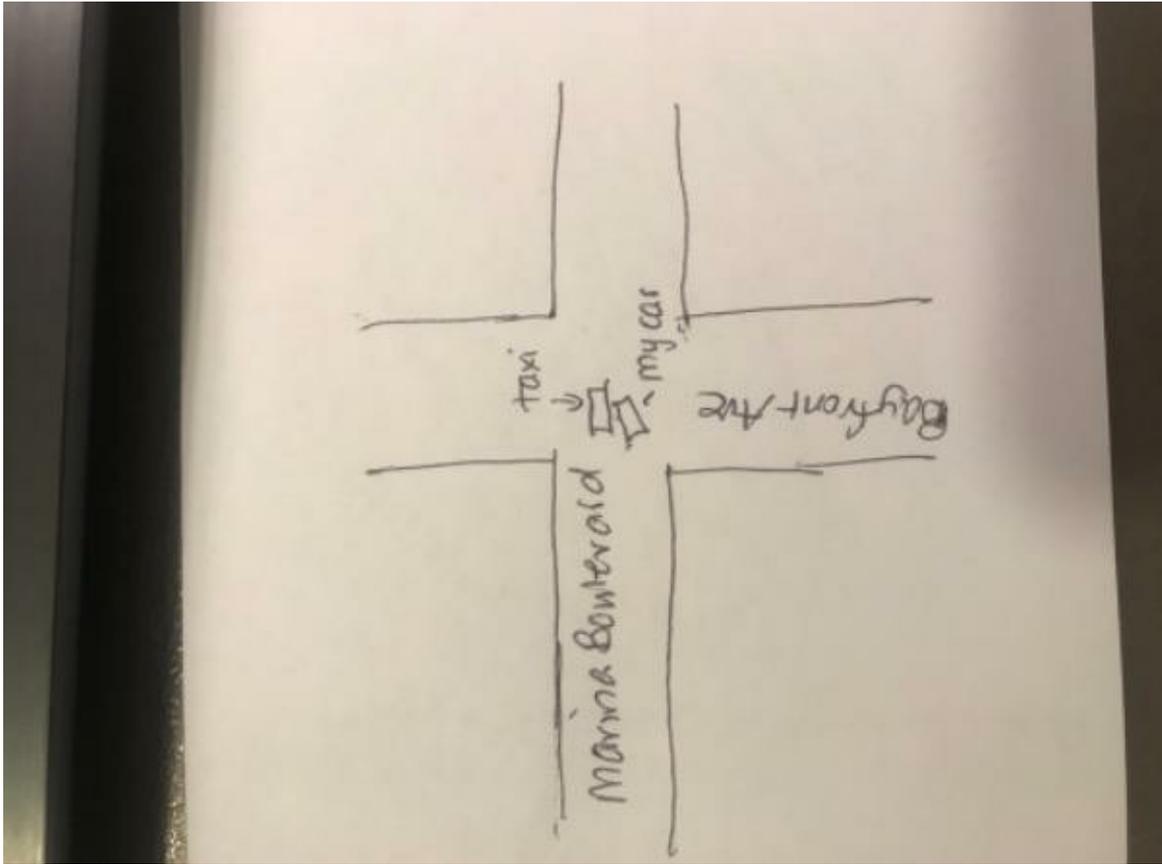
Postcode

Insurance Company Name

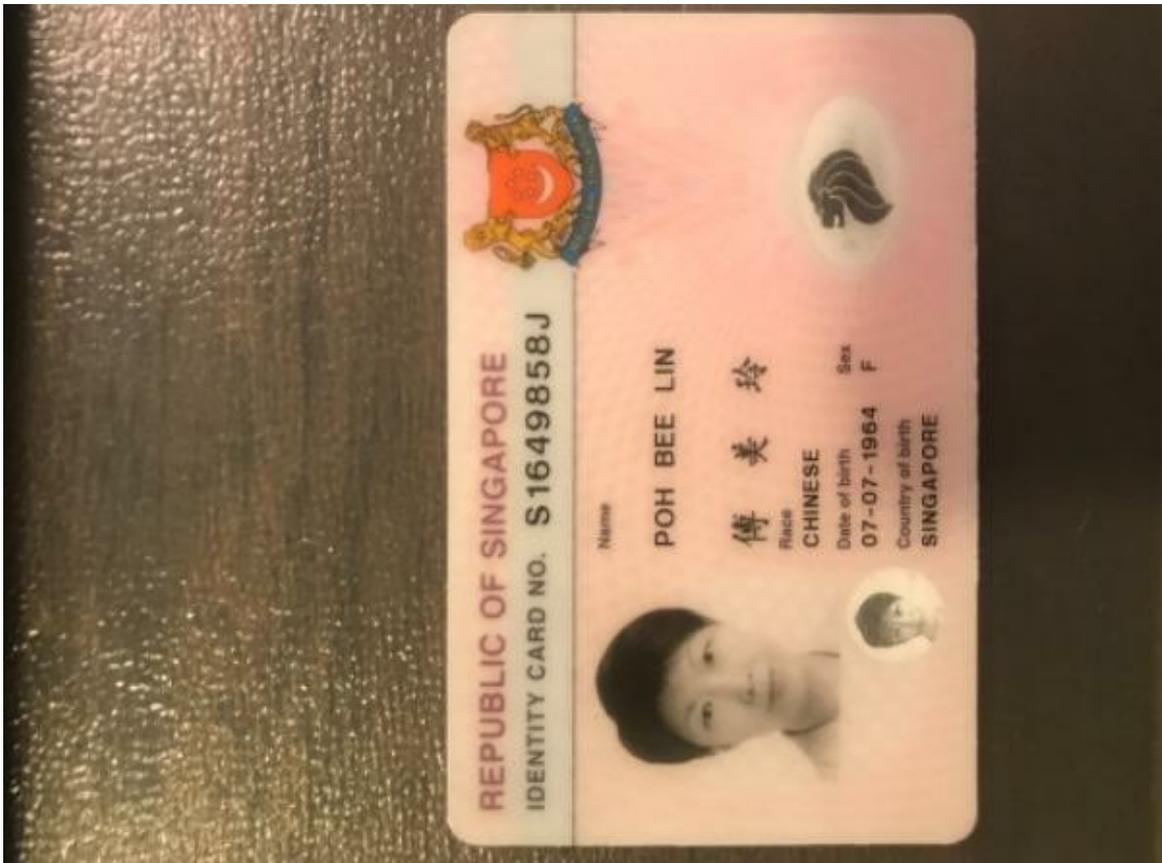
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Insd's Nric (Front)



Insd's Nric (Back)



Insd's Driving License (Front)



Insd's Driving License (Back)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

21 Jul 1990



NP 427A

Accident Photo

