

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	03/03/2019 16:17
Date Of Accident	16/02/2019 00:05
Exact Location Of Accident	BEDOK SOUTH AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC777H
Insured/Policyholder	
Name Of Registered Owner	WAYNE LEE CHIN ING
NRIC No	S7641165D
Email Address	WAYNE.LEE@TATACAPITAL.COM
Mobile Phone No	(LOCAL) +65-90476499
Alternative Phone No	Office-90476499

Vehicle Particulars

Manufacturer	MASERATI
Model	QUATTROPORTE 3.0 [SEDAN]
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	2100492395-02
Cover Note Number	

Driver

Name of Driver	WAYNE LEE CHIN ING
NRIC No	S7641165D
Date Of Birth	14/12/1976
Occupation	INDOOR
Date Of Driving Pass	17/02/2003
Driving Experience	15 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90476499
Fax Number	
Contact Number	
E-Mail Address	WAYNE.LEE@TATACAPITAL.COM
Address	5B EAST COAST TERRACE SINGAPORE
Postcode	454918
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

Circumstances Of Accident #straightroad, Accident_Scenario Moving straight & Moving straight, Blue Car SJC777H, White Car SHF777R. Accident_Description It was red light at the traffic junction along Bedok South Avenue 3 on 16th February 2019 1205am. Both SHF777R and my vehicle SJC777H were stationary. My car was in the Neutral gear mode. However the road was slightly downward sloping and therefore despite my vehicle is on Neutral position it went ahead slightly to only touch lightly the back of taxi SHF777R. I came out of my vehicle and the taxi driver also came out to check. There is no collision and both vehicles merely touched very lightly. Both the taxi driver and I came to the conclusion there is no damage whatsoever to both vehicles at the scene. Therefore I am very shocked and angry that there is a claim against me. I would counter claim that this is a FRAUD by the taxi driver for any claims against me as my vehicle merely touched the taxi lightly and there was no visible damage at all as evidenced by the photos I provided. I would dispute ANY claim against me as a FRAUD and Foul Play by the taxi driver. I would NOT accept any claim against me and if there is any claim I would like to refer this to POLICE CASE to commence an investigation on this case against the fraud taxi driver.

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 SHF777R

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



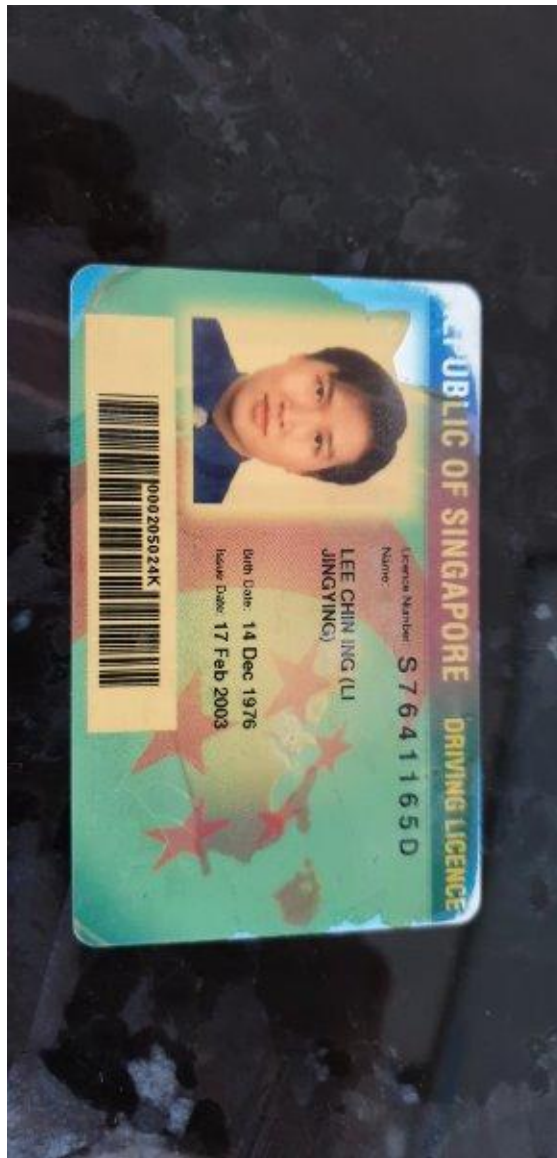
Insd's Nric (Front)



Insd's Nric (Back)



Insd's Driving License (Front)



Insd's Driving License (Back)



Accident Photo



Accident Photo



Accident Photo



Accident Photo

