

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	20/02/2019 14:48
Date Of Accident	20/02/2019 08:00
Exact Location Of Accident	SLIP ROAD PIE TOWARDS JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD1195A
Insured/Policyholder	
Name Of Registered Owner	YAP SWEE HOE
NRIC No	S0200766E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97889197
Alternative Phone No	Others-97889197

Vehicle Particulars

Manufacturer	DAIHATSU
Model	M301 RS-GQGEW-1.3 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	210007177-10
Cover Note Number	

Driver

Name of Driver	YAP SWEE HOE
NRIC No	S0200766E
Date Of Birth	17/11/1952
Occupation	INDOOR
Date Of Driving Pass	15/09/1976
Driving Experience	42 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97889197
Fax Number	
Contact Number	OTHERS-97889197
E-Mail Address	NOEMAIL
Address	BLK 207 SERANGOON CENTRAL #09-198
Postcode	550207
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 - 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)	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

I YAP SWEE HOE NRIC S0200766E WAS TRAVELLING ALONG TUAS ROAD TOWARDS TUAS FLYOVER CIRCLE SLIP ROAD. THE TRAFFIC WAS HEAVY AND I WAS MOVING ON AND STOPPED VERY FREQUENTLY. THE FRONT VEHICLE SUDDENLY STOPPED AND I HID THE VEHICLE ON HIS REAR. THIS ACCIDENT HAPPENED AT ABOUT 8.00 AM 20 20.2.2019.

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	SGN4623U
Vehicle Make/Model/Colour	HYUNDAI GREY
Details Of Properties	MOTOR VEHICLE
Vehicle Category	PRIVATE CAR
Name of Driver	LOKE WYE HOONG
NRIC/Passport Number	S7609838G

Contact Number

Address

Postcode

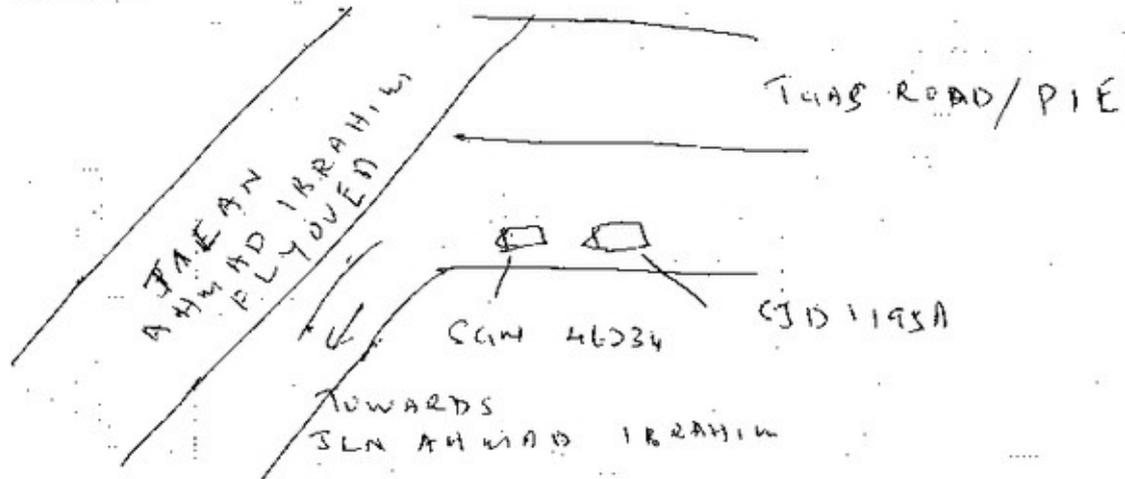
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

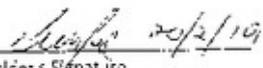


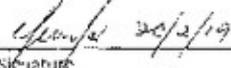
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. Hafiz was the NIK 0200-666 was moving along
 Tunas Road toward ^{circle at the} stop road. It was
 The Hafiz was behind and I was moving on and stopped
 very frequently. The front vehicle suddenly stop and I
 hit the vehicle on his rear. This accident happen
 at about 8:00 am on 20/02/19

DECLARATION

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


 Policyholder's Signature
 Date & Time:


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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/F N No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo

