

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	11/03/2019 11:07
Date Of Accident	09/03/2019 11:10
Exact Location Of Accident	BUKIT BATOK WEST AVE 5 TOWARDS BUKIT BATOK CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG2082U
Insured/Policyholder	
Name Of Registered Owner	SUN HE
NRIC No	S8177883C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91856686
Alternative Phone No	OFFICE-91856686

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (A)
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	THIRD PARTY
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	SJG2082U
Cover Note Number	24/06/2018 - 23/06/2019

Driver

Name of Driver	ZHENG SHUAI
NRIC No	S8082824A
Date Of Birth	30/03/1980
Occupation	INDOOR
Date Of Driving Pass	20/08/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93828069
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	393 BUKIT BATOK WEST AVENUE 5 21-460
Postcode	650393
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	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)	3
Passenger 1	NAME: : WANG LIQIAN GENDER: : FEMALE
Passenger 2	NAME: : EMMA ZHENG WENXUAN 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

REFER TO THE SKETCH PLAN

Attachment(s)

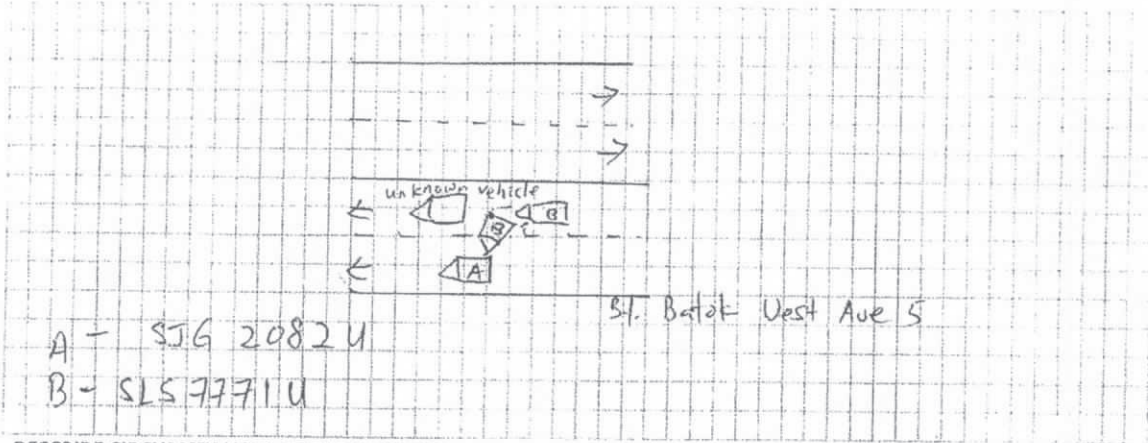
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS7771U
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH AI
NRIC/Passport Number	
Contact Number	97871992
Address	
Postcode	

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along St. Botok West Ave 5 at the stated time and date. I was driving straight at the outer lane. Suddenly I felt an impact on my right. I realised that vehicle B (SLS 7771 U) had change lane and hit onto my car.

Important:

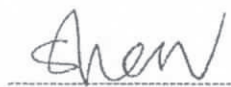
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
	- Claim TP
✓	- Claim OD/TP at other workshop

DECLARATION

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


Policyholder's signature
Date & Time


Driver's Signature
(if driver not the policyholder)
Date & Time


Reporting Centre Personnel's Signature
Name:
Nric/Fin No.