

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	04/03/2019 10:46
Date Of Accident	02/03/2019 11:55
Exact Location Of Accident	AT THE PEDESTRIAN TRAFFIC LIGHT (DURING RED STOP S
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK2633Y
Insured/Policyholder	
Name Of Registered Owner	LIM BOON KIAT
NRIC No	S7507587A
Email Address	LIMEDBK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98259254
Alternative Phone No	OFFICE-98259254

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4 TSI
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	1800066766
Cover Note Number	

Driver

Name of Driver	LIM BOON KIAT
NRIC No	S7507587A
Date Of Birth	25/03/1975
Occupation	INDOOR
Date Of Driving Pass	16/12/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98259254
Fax Number	
Contact Number	OFFICE-98259254
Email Address	LIMEDBK@GMAIL.COM

Address	12 UPPER SERANGOON VIEW RIO VISTA #02-08 SINGAPORE
Postcode	534199
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)	2
Passenger 1	NAME: : EMRYS LIM GENDER: : MALE

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 Collision - Head to Rear (A third party vehicle hit me), Circumstances Of Accident #straightroad, Accident_Scenario Moving straight & Moving straight. Blue Car FBM469P, White Car SKK2633Y. Accident_Description My car stopped at the traffic light as it turned amber and then red. The motorcycle behind me failed to stop and collided into my rear bumper. I have video evidence of front camera showing traffic light turning red so I stopped at traffic light. Rear camera shows motorcycle following behind not slowing down don't seem to have observe the traffic light and came straight into a collision with my rear bumper.

Attachment(s)

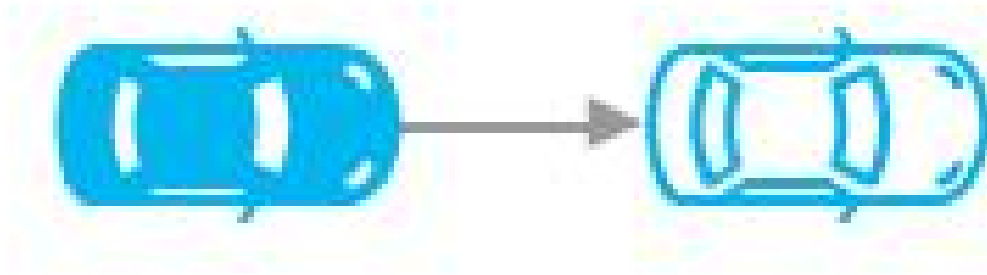
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NO VIDEO FILE ATTACHED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM469P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	81823138

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan



Insd's Nric (Front)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7507587A



Name
LIM BOON KIAT
(LIN WENJIE)
林 文 傑

Race
CHINESE

Date of birth
25-03-1975

Sex
M

Country of birth
SINGAPORE

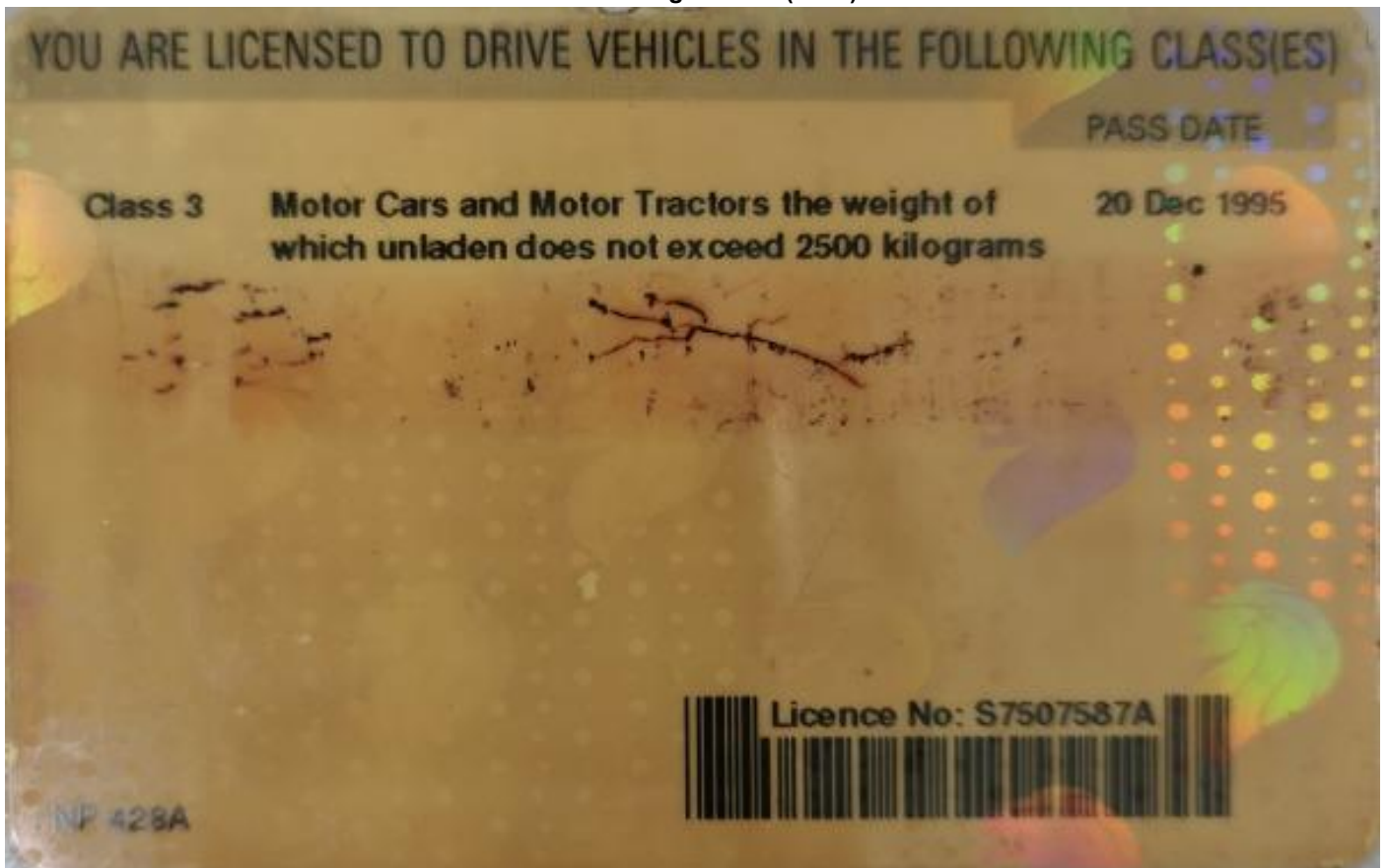


Insd's Nric (Back)



Insd's Driving License (Front)





Accident Photo



Accident Photo



Accident Photo



Accident Photo

