# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/04/2019 15:10

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**Driving Experience** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

Act of Accident 24/03/2019 20:30 Exact Location Of Accident 102 JALAN JURONG KECHIL Sountry/State of Loss SINGAPORE		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  ER8080L  Insured/Policyholder  JAY DORIS  JRIC No S1221983J  JAMES NOEMAIL  JAMES	Date Of Report	16/04/2019 10:37
Singapore  Details of own Vehicle  Vehicle Registration Number  Remain of Registered Owner  Vehicle No  Singapore  Vehicle No  Singapore  Vehicle Registered Owner  Vehicle No  Singapore  Vehicle Pone No  Vehicle Pone No  Vehicle Particulars  Model  Model  Vehicle Particulars  Model  Pulsar 1.2  Exact Purpose for which vehicle was being used at time of accident  Vere you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  Periode Coverage  Reporting ONLY  Periode Coverage  COMPREHENSIVE  No  OND  OND  No  Thousard Asia Pacific Insurance PTE. LTD.  Cover Note Number  Priver  Vehicle No  Oncoording Only  Periode Coverage  COMPREHENSIVE  No  Oncoording Only  Periode Coverage  COMPREHENSIVE  No  Oncoording Only  Periode Coverage  Tay Doris Only  Periode Coverage  Tay Doris Only  Periode Only	Date Of Accident	24/03/2019 20:30
### Company  ### C	Exact Location Of Accident	102 JALAN JURONG KECHIL
Rehicle Registration Number  RISPORTING RISPORT RISPORTING RISPORTING RISPORT RI	Country/State of Loss	SINGAPORE
Insured/Policyholder  Name Of Registered Owner  Name Of Registered Owner  Name Of Registered Owner  NEC No  S1221983J  NOEMAIL  Mobile Phone No  (LOCAL) +65-96422808  Nothers-65414685  Vehicle Particulars  Manufacturer  Model  Model  PULSAR 1.2  Exact Purpose for which vehicle was being used at ime of accident  Are you claiming under your own insurance policy or repair to your vehicle?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N		DETAILS OF OWN VEHICLE
Alame Of Registered Owner  ARIC No  S1221983.J  NOEMAIL  Abdress  NOEMAIL  (LOCAL) +65-96422808  Others-65414685  Alamufacturer  Annufacturer  Model  PULSAR 1.2  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy or repair to your vehicle?  Annufacture ARIC ARR  Aric Category  ARIC ARR  Alame of Insurance Company  Alame of Driver  A	/ehicle Registration Number	ER8080L
RIC No Final Address NOEMAIL Mobile Phone No (LOCAL) +65-96422808 Noternative Phone No Others-65414685  Manufacturer Model PULSAR 1.2  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle?  No	nsured/Policyholder	
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Mobile Phone No Kiternative Ph	NRIC No	S1221983J
Alternative Phone No  Others-65414685  Vehicle Particulars  Manufacturer  Model  Model  PULSAR 1.2  Exact Purpose for which vehicle was being used at ime of accident  Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  Vehicle Category  RIVATE CAR  REPORTING ONLY  Alme of Insurance Company  Alig ASIA PACIFIC INSURANCE PTE. LTD.  COMPREHENSIVE  NO  Policy Number  Cover Note Number  Oriver  Mane of Driver  Alam of Driver  Alam of Driver  Alam of Driver  TAY DORIS  Alam of Birth  O5/11/1956	Email Address	NOEMAIL
Wehicle Particulars  Manufacturer Model PULSAR 1.2  Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? NO NO REPORTING ONLY Pehicle Category PRIVATE CAR  REPORTING ONLY PRIVATE CAR  REPORTING ONLY PRIVATE CAR  AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE NO Policy Number Cover Note Number  Driver  NAME of Driver TAY DORIS SI221983J Date Of Birth O5/11/1956	Mobile Phone No	(LOCAL) +65-96422808
Manufacturer Model	Alternative Phone No	Others-65414685
Model Pulsar 1.2  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Periode Category PRIVATE CAR  Insurance Company  It Alian Asia PACIFIC INSURANCE PTE. LTD.  Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1700050760-01  Cover Note Number  Driver  NAME OF Driver TAY DORIS  RIC No S1221983J  Date Of Birth 0500000000000000000000000000000000000	Vehicle Particulars	
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or repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  PRIVATE CAR  AIG ASIA PACIFIC INSURANCE PTE. LTD.  COMPREHENSIVE  Reet Policy  NO  Policy Number  Prover Note Number  Priver  Name of Driver  TAY DORIS  RIC No  S1221983J  Date Of Birth  Diving S1111956	Exact Purpose for which vehicle was being used at time of accident	
PRIVATE CAR  Insurance Company  Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE. LTD.  Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Priver  Name of Driver TAY DORIS NRIC No S1221983J Date Of Birth  PRIVATE CAR  AIG ASIA PACIFIC INSURANCE PTE. LTD.  TOWARD	Are you claiming under your own insurance policy or repair to your vehicle?	NO
Name of Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number 1700050760-01 Cover Note Number  Driver Name of Driver TAY DORIS NRIC No S1221983J Oate Of Birth 05/11/1956	f No, Please state action to be taken	REPORTING ONLY
Alg ASIA PACIFIC INSURANCE PTE. LTD.  Cype Of Coverage COMPREHENSIVE  NO Policy Number 1700050760-01  Cover Note Number  Driver  Name of Driver TAY DORIS  NRIC No S1221983J  Date Of Birth 05/11/1956	/ehicle Category	PRIVATE CAR
COMPREHENSIVE Fleet Policy NO Policy Number 1700050760-01 Cover Note Number  Driver Name of Driver TAY DORIS NRIC No S1221983J Date Of Birth 05/11/1956	nsurance Company	
Fleet Policy Policy Number 1700050760-01 Cover Note Number  Driver Name of Driver TAY DORIS NRIC No S1221983J Date Of Birth 05/11/1956	Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Policy Number 1700050760-01  Cover Note Number  Driver  Name of Driver TAY DORIS  NRIC No S1221983J Date Of Birth 05/11/1956	Type Of Coverage	COMPREHENSIVE
Cover Note Number  Driver  Name of Driver  TAY DORIS  NRIC No S1221983J  Date Of Birth 05/11/1956	Fleet Policy	NO
Driver  Name of Driver  TAY DORIS  NRIC No S1221983J  Date Of Birth  05/11/1956	Policy Number	1700050760-01
Name of Driver TAY DORIS NRIC No S1221983J Date Of Birth 05/11/1956	Cover Note Number	
NRIC No S1221983J Date Of Birth 05/11/1956	Driver	
Date Of Birth 05/11/1956	Name of Driver	TAY DORIS
	NRIC No	S1221983J
Occupation INDOOR	Date Of Birth	05/11/1956
	Occupation	INDOOR

28/01/2004

15 YEARS AND 1 MONTH

Gender **FEMALE** 

Mobile Number (LOCAL) +65-96422808

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

1P PINE GROVE Address

#06-73 SINGAPORE

Postcode 591401 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 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

NO

NO

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

#carpark Moving & Darked ER8080L SME4050L WSVC19000845 Accident\_Description Both cars were parked side by side but there was another car that parked perpendicularly to my car. It made it almost impossible to get out. Whilst trying to get out I may have scratched the bumper of SME4060Z. My own car ER8080L had a slight scratch (see photo attached)

#### 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**

SME4050Z Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Sketch Plan**



# **Accident Photo**





**Driving License** YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) NP 428A Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Licence No: 51221985J 17 Jan 1994 PASS DATE

## **Identification Card**



