

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	17/03/2019 14:46
Date Of Accident	16/03/2019 21:10
Exact Location Of Accident	1 HARBOURFRONT WALK, SINGAPORE 098585
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ5889R
Insured/Policyholder	
Name Of Registered Owner	HO CHENG LEONG STEVEN (HE QINGLIANG STEVEN)
NRIC No	S8241168B
Email Address	PHYLLICIATOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96252157
Alternative Phone No	Office-94507507

Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3 1.6 SX
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	1800049414
Cover Note Number	

Driver	
Name of Driver	PHYLLICIATOH@GMAIL.COM
NRIC No	S8621377Z
Date Of Birth	04/08/1986
Occupation	INDOOR
Date Of Driving Pass	01/03/2010
Driving Experience	9 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-94507507
Fax Number	
Contact Number	
EMail Address	PHYLLICIATOH@GMAIL.COM
Address	LEVEL 8 UNIT 79 802B KEAT HONG CLOSE KEAT HONG CREST
Postcode	682802
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	SMH3977R
	-
	-
Insurance Company of Driver's Own Vehicle	AIG Asia Pacific Insurance Pte. Ltd.
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	Name: : Stwweb Ho 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

#others Upload the drawing sketch plan Not familiar with the road had tall structure before merging and the car I collided with in was in behind the structure and thus in my blind spot.

Attachment(s)

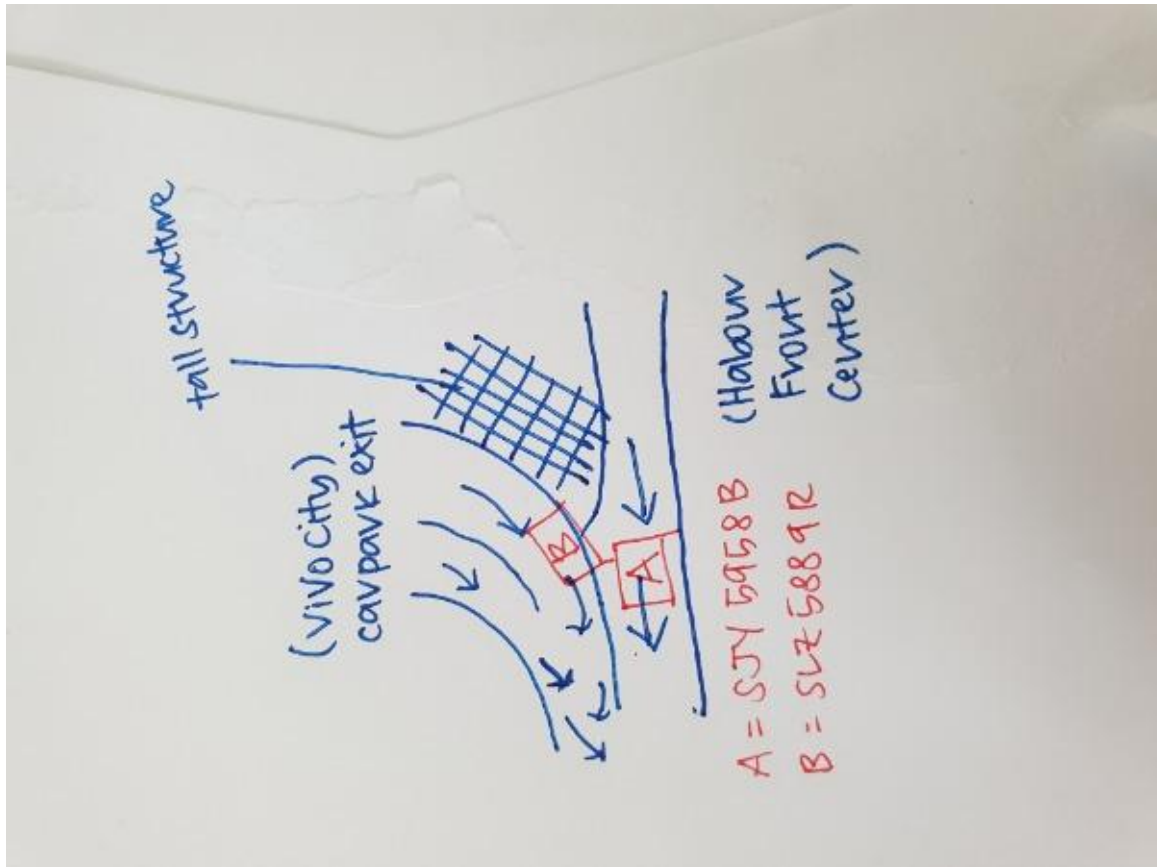
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INSD DID NOT PROVIDE VIDEO FOOTAGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY5958D
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)	

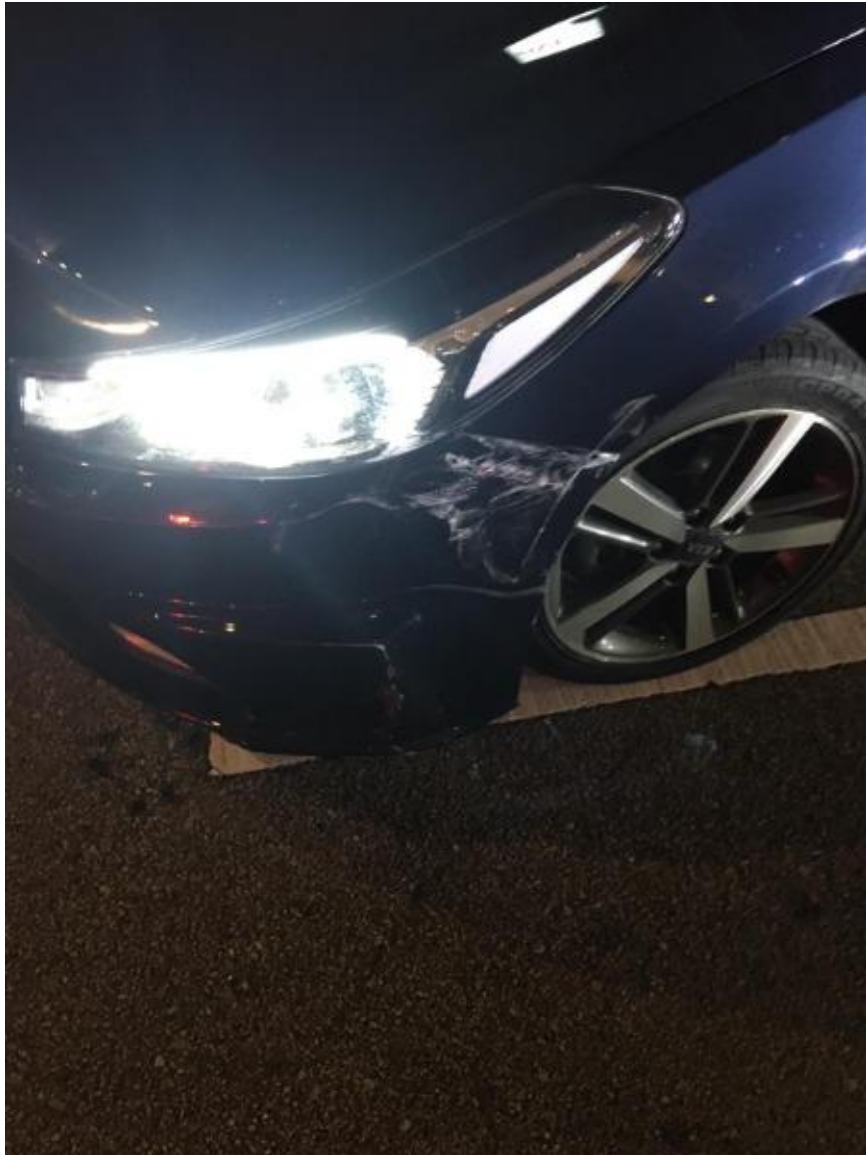
Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving Licence



Driving License



Identification Card



Identification Card

