

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	04/05/2019 22:25
Date Of Accident	30/03/2019 20:00
Exact Location Of Accident	YUAN CHING ROAD TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1721X
Insured/Policyholder	
Name Of Registered Owner	WOO WEI LI TERENCE
NRIC No	S1615957C
Email Address	BENEDICTW0091@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96611128
Alternative Phone No	Office-96611128

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED)
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	1800094422
Cover Note Number	

Driver

Name of Driver	WOO WEI LI TERENCE
NRIC No	S1615957C
Date Of Birth	05/06/1963
Occupation	INDOOR
Date Of Driving Pass	26/05/2010
Driving Experience	8 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96611128
Fax Number	
Contact Number	OFFICE-96611128
E-Mail Address	BENEDICTW0091@GMAIL.COM
Address	336 TAH CHING ROAD #10-183 SINGAPORE
Postcode	610336
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	1
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

Circumstances Of Accident #straightroad, Accident_Scenario Changing lane & Moving in own Lane, Blue Car SMD1721X, White Car SHC4926S. Accident Description Was attempting to change lane but did not see approaching vehicle in left blind spot. My left bumper grazed the taxi's right door area.

Attachment(s)

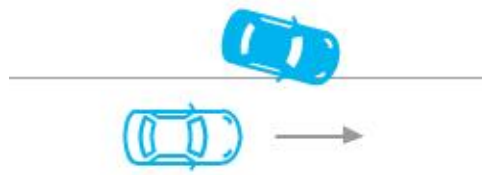
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NO VIDEO FOOTAGE PROVIDED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4926S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	
NRIC/Passport Number	
Contact Number	91835152
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



Accident Photo

