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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 ability.
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 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	26/11/2014 12:19
Date Of Accident	25/11/2014 15:50
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ9325G
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Insured/Policyholder

Name Of Registered Owner	OH KAY NEE
NRIC No	S7322460H

Vehicle Particulars

Manufacturer	RENAULT
Model	MEGANE-1.6 (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	2100359804-00000
Cover Note Number	

Driver

Name of Driver	OH KAY NEE
NRIC No	S7322460H
Date Of Birth	30/06/1973
Occupation	Indoor
Date Of Driving Pass	21/09/2004
Driving Experience	10 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-90616072
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 419 YISHUN AVENUE 11#10-375
Postcode	760419
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 (TP Hit Insured)
Weather Conditions	LIGHT RAINS
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Address	ROAD: 20 Bishan Street 23 , POSTCODE: 579757 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD626E
Vehicle Make/Model/Colour	WHITE HONDA JAZZ 1.4 (A)
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	S2633489F
Contact Number	81680001
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	OH KAY NEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGQ9325G
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	No
Address	

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

A: SGQ 9325G B: SJD 626E

Describe Circumstances of the Accident

Refer to Police Report No:

T/2014/1126/4026

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel