SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

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

	ACCIDENT STATEMENT
Date Of Report	09/04/2019 20:20
Date Of Accident	09/04/2019 16:35
Exact Location Of Accident	ROCHOR CANAL ROAD/ARAB STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS2284D
Insured/Policyholder	
Name Of Registered Owner	CHUI SERN CHYE KEVIN JOSHUA
NRIC No	S1707760J
Email Address	KEVCHUI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90078844
Alternative Phone No	Office-90092365
Vehicle Particulars	
Manufacturer	MINI
Model	COOPER F55
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
f 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	2100407642-04
Cover Note Number	
Driver	
Name of Driver	CHEN YU, HELEN
NRIC No	S6908083I
Date Of Birth	10/03/1969

INDOOR

16/09/1988

30 YEARS AND 6 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-90078844

Fax Number

Contact Number OFFICE-90092365

EMail Address KEVCHUI@GMAIL.COM

7 LEEDON HEIGHTS Address

D'LEEDON #34-18 SINGAPORE

Postcode 267953 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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR**

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

Accident Type Collision - Head to Rear (I hit a third party vehicle), Circumstances Of Accident #straightroad, Accident_Scenario Moving straight & Doving straight, Blue Car SKS2284D, White Car SKX2630L. Accident_Description Traffic light was red and subsequently turned Green. SKX2630L moved forward and I moved accordingly. SKX2630L then suddenly braked and I could not stop in time. We were travelling at a relatively slow speed.

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

Vehicle Registration Number SKX2630L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver NRIC/Passport Number

Contact Number

97851550

Address

Postcode

Insurance Company Name

Nature Of Damage

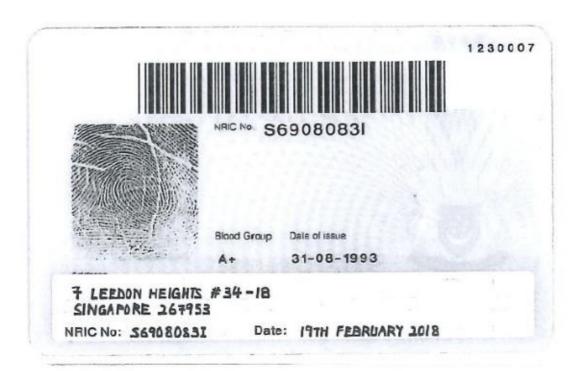
No. Of Passenger (Including Driver)



Driver's Nric (Front)



Driver's Nric (Back)



Driver's Driving License (Front)



Driver's Driving License (Back)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

16 Sep 1988

NP 428A



Accident Photo



Accident Photo

