

## 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	13/05/2019 13:54
Date Of Accident	06/04/2019 14:30
Exact Location Of Accident	AT BLK 177 TOA PAYOH CARPARK EXIT GANTRY.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6704M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOO HWA MING
NRIC No	S7311323G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96716643
Alternative Phone No	Office-96716643

### Vehicle Particulars

Manufacturer	VOLVO
Model	V40 T4 MOMENTUM
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	1800104459
Cover Note Number	

### Driver

Name of Driver	FOO HWA MING
NRIC No	S7311323G
Date Of Birth	28/03/1973
Occupation	INDOOR
Date Of Driving Pass	11/05/2003
Driving Experience	15 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96716643
Fax Number	
Contact Number	OFFICE-96716643
EMail Address	NOEMAIL
Address	33 TERRASSE LANE TERRASSE #05-64 SINGAPORE
Postcode	544780
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
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : Lim Jing Lei Gender: : Female

#### 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

#straightroad Moving straight & Moving straight Blue Car SMD6704M White Car SLJ6336K Car SLJ6336K applied sudden brake upon reaching the open gantry at the csr park exit. Car SMD6704M managed to stop in time but resulted in a minor slight collision with no dents to both vehicles.

#### 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	SLJ6366K
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



Driving License



## Driving License



Identification Card



Identification Card





Identification Card



Identification Card



photo



photo



photo



photo

