SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 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.
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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	19/04/2019 14:04
Date Of Accident	18/04/2019 15:30
Exact Location Of Accident	4 SPRINGSIDE GREEN
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ3726M
Insured/Policyholder	
Name Of Registered Owner	SIM SOO YONG TERENCE
NRIC No	S6831982Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98262820
Alternative Phone No	Others-97319011
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	1700024762-01
Cover Note Number	
Driver	
Name of Driver	NG LAY HIEN GRACE
NRIC No	S7039058B
Date Of Birth	06/11/1970

INDOOR

16/10/2003

15 YEARS AND 6 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97319011

Fax Number

Contact Number

EMail Address GRACENGSIM@YAHOO.COM

Address **4 SPRINGSIDE GREEN**

Postcode 786929 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 COLLIDED INTO PARKED VEHICLE

2

NO

NO

NO

NO

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

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver) 2

Passenger 1 : Andrea Sim Name:

> Gender: : Female

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Accident Type Collided into Parked Vehicle, Circumstances Of Accident #others, Accident_Scenario Upload the drawing sketch plan. Accident_Description At around 3.30pm on 18/4/2019 my daughter Andrea and I got into our car SLQ3726M there was no sign of any vehicle. When I started my car I looked behind to check and reversed my car. It was then I hit the taxi SHB203B who was stationery and alighting his passenger. I was wondering why would he park there to alight his passenger just behind my car when I was reversing. He should have seen my reversing lights. As you see in the sketch plan and photo he should stop his vehicle at my neighbour's house highlighted in pink to avoid the accident. I regretted I did not take a photo of his licence plate but got his driving licence and hp. I also took photo that his car was slightly dented as indicated in my photo. However I noticed there were many old scratches which was not from the hit. The taxi driver also checked his bonnet and everything else was in place and order. As my car has minor scratches I will not claim.

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 SHB203B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number 93200090

Address

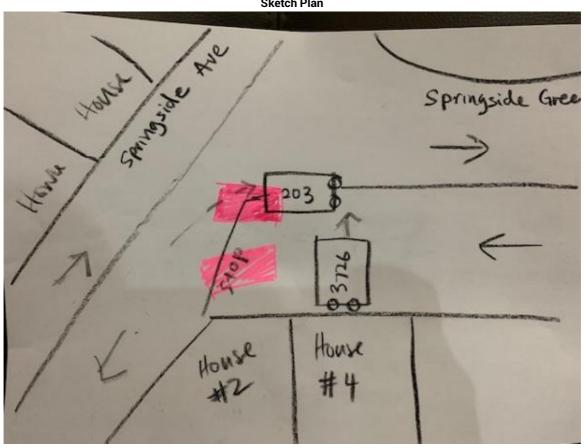
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

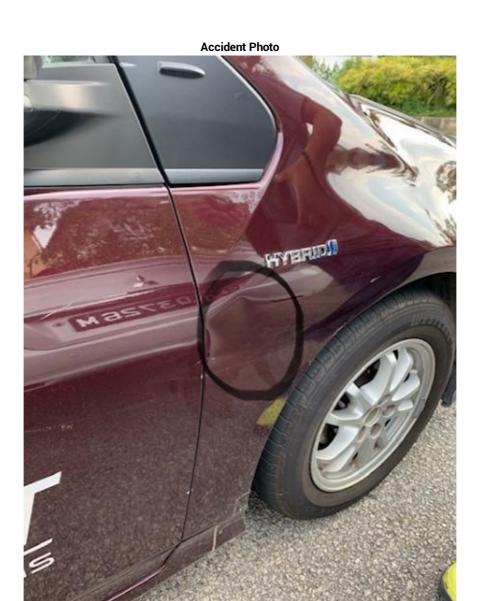


Driver's Nric (Front)



Driver's Nric (Back)





Accident Photo





