## 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.
- 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	24/04/2019 11:04
Date Of Accident	23/04/2019 18:20
Exact Location Of Accident	ALONG BEDOK SOUTH TOWARD BEDOK CENTRE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDE8832P
Insured/Policyholder	
Name Of Registered Owner	DAWN SHIPPING & TRANSPORT COMPANY (PTE) LTD
Co Reg No	197701635N
Email Address	K.C.NG@DAWNSHIP.COM
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	Office-96386502
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	BENZ S320L SEDAN
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	1700030036-01
Cover Note Number	
Driver	
Name of Driver	NG KWAN CHEE
NRIC No	S1837878G
Date Of Birth	07/11/1954

**INDOOR** 

07/03/1974

45 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96386502

Fax Number

**Contact Number** 

EMail Address K.C.NG@DAWNSHIP.COM

Address 9 RIVIERA DRIVE #06-05

Postcode 467202 Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

icle

Insurance Company of Driver's Own Vehicle

SDE8832P

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AIG Asia Pacific Insurance Pte. Ltd.

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#### **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?

NO YES

Was any other material or property damaged?

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**

Accident Type Collision - Head to Rear (I hit a third party vehicle), Circumstances Of Accident #straightroad, Accident\_Scenario Moving straight & Blue Car SDE8832P, White Car SGY8166M, Accident\_Description WHEN I DRIVE VEHICLE NO SDE8832P ALONG BEDOK SOUTH RD TOWARD BEDOK CENTRE STOP BEFORE THE TRAFFIC LIGHT AND ACCIDENTLY HIT INFRONT VEHICLE SGY8166M AND NOBODY INJURED AND NOT INVLOLVE ANYOTHERS VEHICLE.

#### 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 SGY8166M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number Contact Number

Address

Postcode

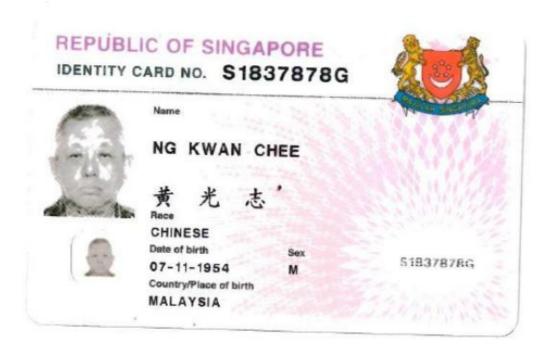
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



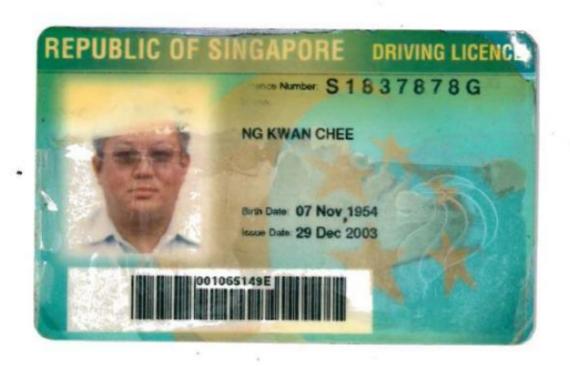
# Driver's Nric (Front)



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

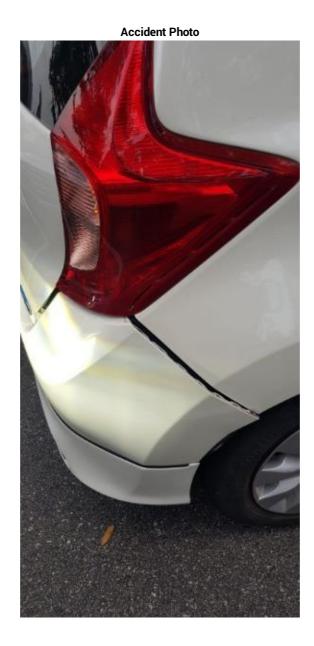
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 07 Mar 1974

NP 428A



**Accident Photo** 





**Accident Photo** 



**Accident Photo** 

