

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	14/05/2019 14:13
Date Of Accident	14/05/2019 08:00
Exact Location Of Accident	OFF PIE ON ROAD LEADING TOWARDS LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD1118J
Insured/Policyholder	
Name Of Registered Owner	WEE DAVID ANTHONY
NRIC No	S6811433J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98291181
Alternative Phone No	Others-65421610

Vehicle Particulars

Manufacturer	KIA
Model	CARENS 1.7 DIESEL SX
Exact Purpose for which vehicle was being used at time of accident	SENDING KIDS TO SCHOOL AND HEADING HOME
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	1700014385
Cover Note Number	

Driver

Name of Driver	GERALDINE OI AI PENG
NRIC No	S1810484I
Date Of Birth	21/10/1967
Occupation	INDOOR
Date Of Driving Pass	06/05/1999
Driving Experience	20 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98291181
Fax Number	
Contact Number	
E-Mail Address	GERALDINEOI1118@GMAIL.COM
Address	222 LOYANG AVENUE #01-02
Postcode	509068
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	MILD TRAFFIC JAM

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
Was any other material or property damaged?	YES
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

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF7704X
Vehicle Make/Model/Colour	HONDA/BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOEY CHOY
NRIC/Passport Number	
Contact Number	94550486

Address

Postcode

Insurance Company Name

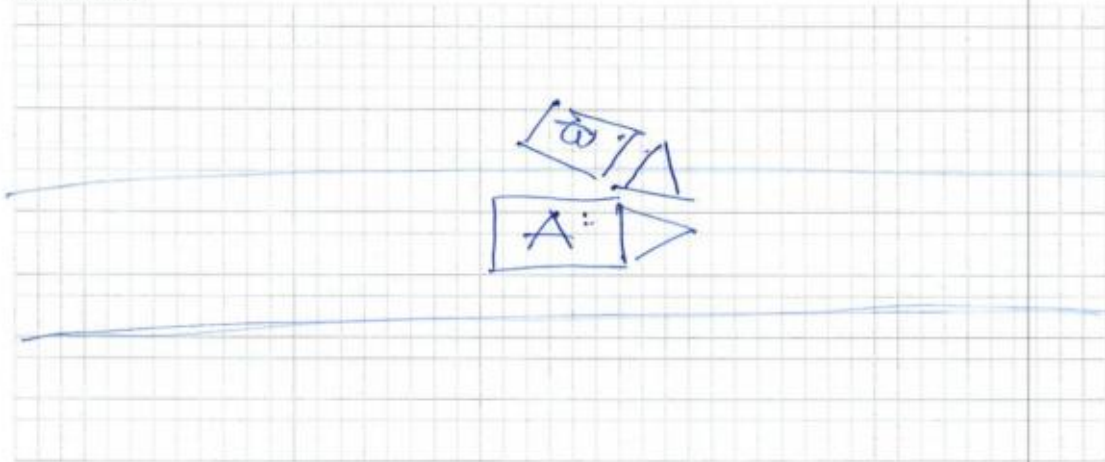
NTUC Income Insurance Co-operative Ltd

Nature Of Damage

RIGHT FRONT SIDE

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At Around 8am (Slightly earlier), I exited the PIE into Pacific/Loyang area. Was on the right most lane and signalled / checked front/back mirrors to filter into middle lane. All was clear & I proceeded to change lanes. Having filtered into lane, Blue Honda in left lane, hit my car.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

14/09/19
11:20am

Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

