# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/05/2019 10:59

### 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	15/05/2019 18:01
Date Of Accident	14/05/2019 19:15
Exact Location Of Accident	ALONG BRADDELL ROAD NEAR THE BRADDELL UNDERPASS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR2673U
Insured/Policyholder	
Name Of Registered Owner	WAYNE-WILLIAM CHENG CHIEN LOONG
NRIC No	S7700122J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	Office-91074856
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-TURBO
Exact Purpose for which vehicle was being used at ime 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
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800086942
Cover Note Number	
Driver	
Name of Driver	WAYNE-WILLIAM CHENG CHIEN LOONG
NRIC No	S7700122J
Date Of Birth	04/01/1977

**INDOOR** 

20/04/2004

15 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-99999999

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address 67 GREENLEAF DRIVE

**SINGAPORE** 

Postcode 279564
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 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

2

Was any body injured in the Accident? NO

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.

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NO

Number of Passengers (Including Driver) 1

**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

#straightroad Moving straight & mp; Moving straight SKR2673U SHB7952B WSVC19001060 Accident\_Description On a rainy 14th May 2019 with wet driving conditions. At 1915hrs Driver of SKR2673U braked too late drifting into the rear of Trans Cab SHB7952B. Driver managed to brake but still hit the rear of Cab with low impact. Driver and passenger in Trans Cab were unhurt no injuries and both were calm when they got out of the vehicle. At about 1921hrs after accessing that all parties were free of injury photos from both parties were taken. All lights from Trans Cab SHB7952B were functioning as concurred by the passenger who was a witness. Driver and taxi driver mutually agreed to allow insurance to follow up. Only vehicle Nos. were exchanged. No personal particulars were exchanged on either side. Passenger details were not taken. 1925hrs both parties left the scene with no injuries sustained.

## Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO NOT PROVIDED

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

SHB7952B

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

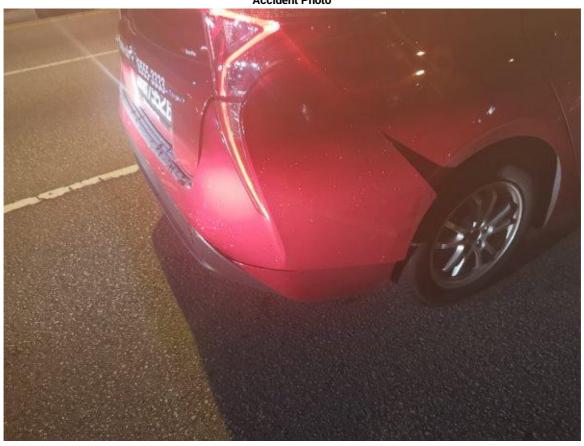
## **Sketch Plan**



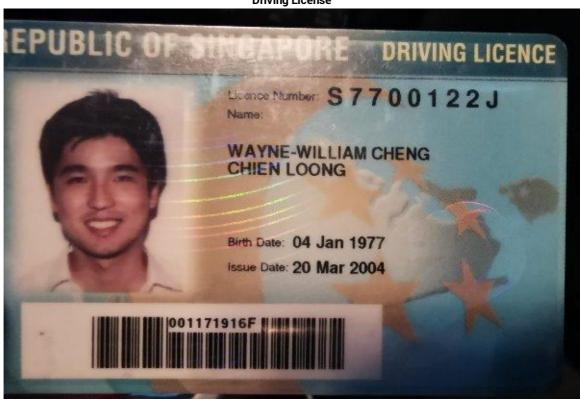




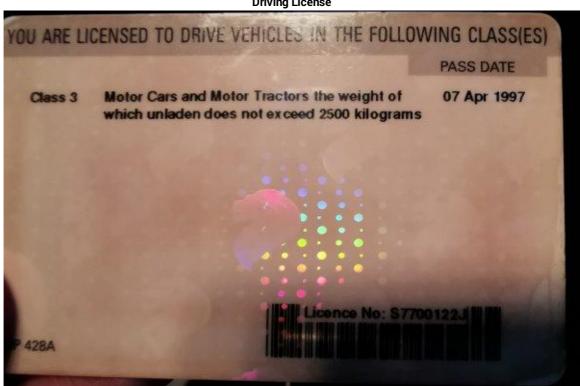


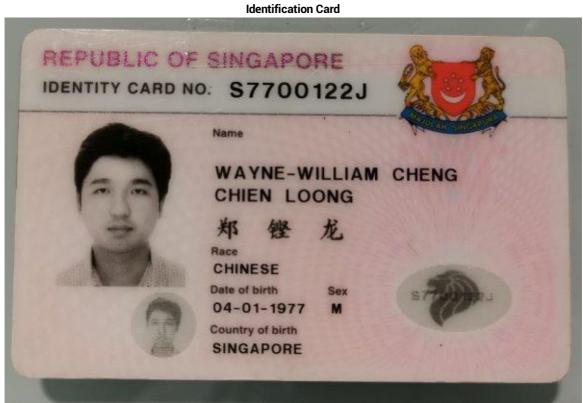


**Driving License** 



**Driving License** 





## **Identification Card**

