## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 23/05/2019 15:26

## 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 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

7. By the loagement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/05/2019 14:47
Date Of Accident	19/05/2019 12:35
Exact Location Of Accident	NEWTON CIRCUS ROUND ABOUT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBZ1999B
Insured/Policyholder	
Name Of Registered Owner	CHAN MENG HUAT
NRIC No	S1132595E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97503024
Alternative Phone No	Office-97503024
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XF 2.2 DIESEL LUXURY
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	2100328683-06
Cover Note Number	
Driver	
Name of Driver	CHAN YOU LIANG NIGEL
NRIC No	S9400041F
Date Of Birth	01/01/1994

**INDOOR** 

03/10/2013

5 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97503024

Fax Number

Contact Number OFFICE-97503024

EMail Address NOEMAIL

Address 5 RASOK DRIVE

**SINGAPORE** 

Postcode 737948

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLISION - ROUNDABOUT

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

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/oriening accident claims assistance

Number of Passengers (Including Driver) 2

Passenger 1 Name: : Ho Li Xuan

Gender: : Female

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

Circumstances Of Accident #others, Accident\_Scenario Upload the drawing sketch plan, Accident\_Description Collision on the back of 7564 by 1999 at the exit.

Attachment(s)

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

Remarks/ Reasons: NO VIDEO FOOTAGE PROVIDED

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

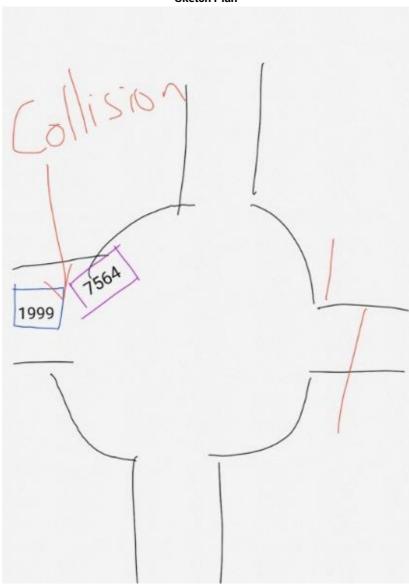
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR



Driver's Nric (Front)



Driver's Nric (Back)



**Driver's Driving License (Front)** 



Driver's Driving License (Back)









