#### 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 <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 aforesaid

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|  | ACCIDENT STATEMENT   |
| Date Of Report   | 03/06/2019 17:05   |
| Date Of Accident   | 31/05/2019 13:55   |
| Exact Location Of Accident   | GRANGE RD TOWARDS ORCHARD ROAD   |
| Country/State of Loss  | SINGAPORE  |
|  | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number  | SMH5980S   |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | BIS MOTORING PTE LTD   |
| Co Reg No  | 201735055D   |
| Email Address  | NOEMAIL  |
| Mobile Phone No  | (LOCAL) +65-81641811   |
| Alternative Phone No   | OFFICE-81641811  |
| Vehicle Particulars  |  |
| Manufacturer   | RENAULT  |
| Model  | SCENIC-1.6 (A)   |
| Exact Purpose for which vehicle was being used at time of accident           | t .  |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO   |
| If No, Please state action to be taken                                       | THIRD PARTY  |
| Vehicle Category   | PRIVATE HIRE   |
| Insurance Company  |  |
| Name of Insurance Company  | AIG ASIA PACIFIC INSURANCE PTE. LTD.   |
| Type Of Coverage   | COMPREHENSIVE  |
| Fleet Policy   | NO   |
| Policy Number  | 999994322  |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | YAP SIXIAN   |
| NDIC No  | \$81200200   |

Name of Driver YAP SIXIAN
NRIC No S8120020C
Date Of Birth 10/07/1981
Occupation INDOOR
Date Of Driving Pass 05/05/2003

Driving Experience 16 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81554203

Fax Number

Contact Number

EMail Address XINHUAWORKSHOP@GMAIL.COM

APT BLK 602 JURONG WEST STREET 62 #07-177 SINGAPORE Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

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 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? NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

3

3

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME: : DETAIL NOT PROVIDED BY THE DRIVER

GENDER: : MALE

Passenger 2 : DETAIL NOT PROVIDED BY THE DRIVER 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?

If Yes, against whom?

NO

NO

**Circumstances of Accident** 

Please refer to the attachment for the circumstance of accident

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKR1122A

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver LO PIA LENG NRIC/Passport Number S1073289A

Contact Number

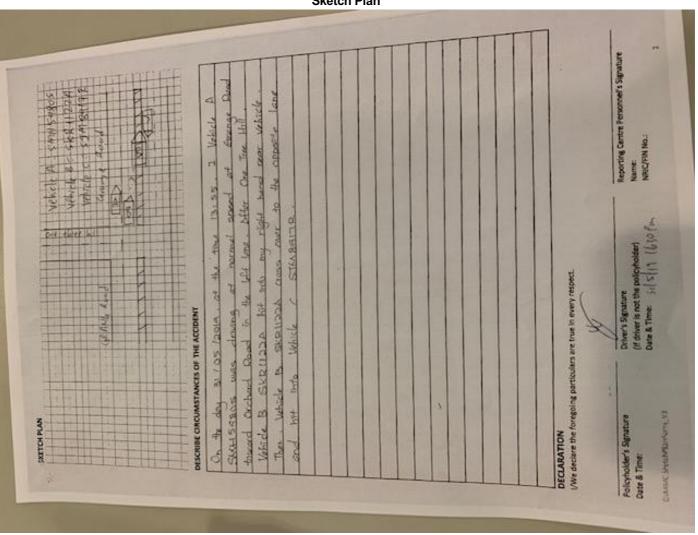
Address Postcode

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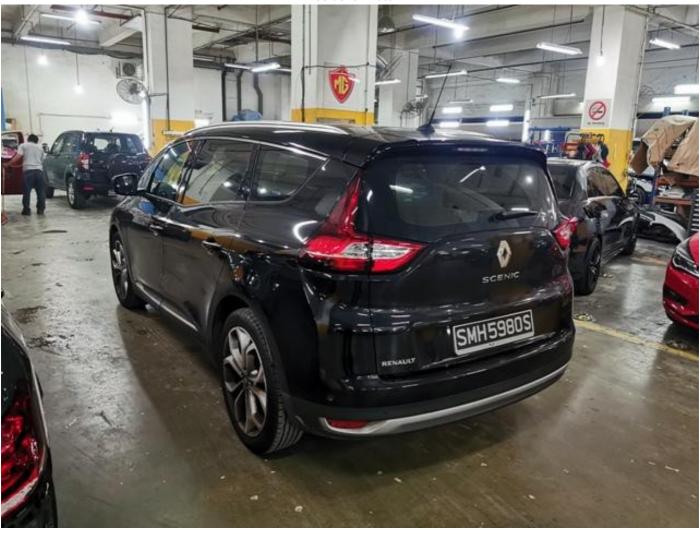
Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### **Sketch Plan**













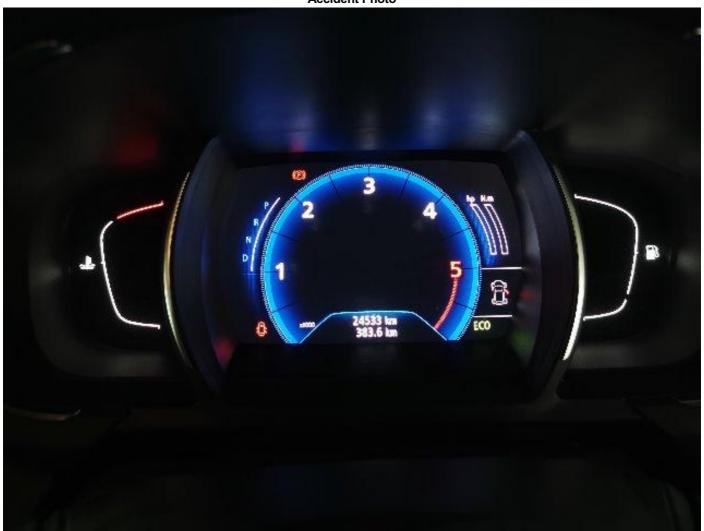














# Accident Statement

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