

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	28/05/2019 15:30
Date Of Accident	28/05/2019 08:55
Exact Location Of Accident	STEVENS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5379G
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Insured/Policyholder

Name Of Registered Owner	CHOO LI MINN RINA(ZHU LIMIN RINA)
NRIC No	S8407964B
Email Address	GUSTO18@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91144020
Alternative Phone No	Office-91144020

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	SPACE STAR 1.2 CVT
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	1800029732
Cover Note Number	

Driver

Name of Driver	CHOO LI MINN RINA(ZHU LIMIN RINA)
NRIC No	S8407964B
Date Of Birth	18/03/1984
Occupation	INDOOR
Date Of Driving Pass	28/01/2004
Driving Experience	15 YEARS AND 4 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91144020
Fax Number	
Contact Number	OFFICE-91144020
E-Mail Address	GUSTO18@HOTMAIL.COM
Address	507 ELIAS ROAD PASIR RIS BEACH PARK SINGAPORE
Postcode	519919
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	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	1
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

Accident Type Collision - Head to Rear (A third party vehicle hit me), Circumstances Of Accident #straightroad, Accident_Scenario Changing lane & Moving in own Lane, Blue Car SLX5379G, White Car SKU1335L, Accident_Description SLX5379G was signalling right to change to the right lane. I only proceeded to change lane after I checked the right mirror and it is clear to do so. Suddenly I heard a sound from the back and saw that SKU1335L hit the back right of my car. Both of us switched on our hazard lights stopped and exchanged details and photos.

Attachment(s)

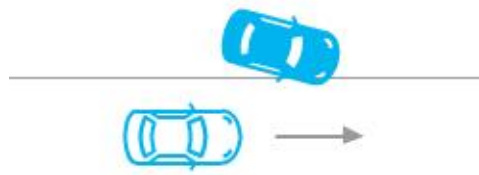
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NO VIDEO FOOTAGE PROVIDED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU1335L
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90231231
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



Insd's Nric (Front)



Insd's Nric (Back)



Insd's Driving License (Front)



Insd'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

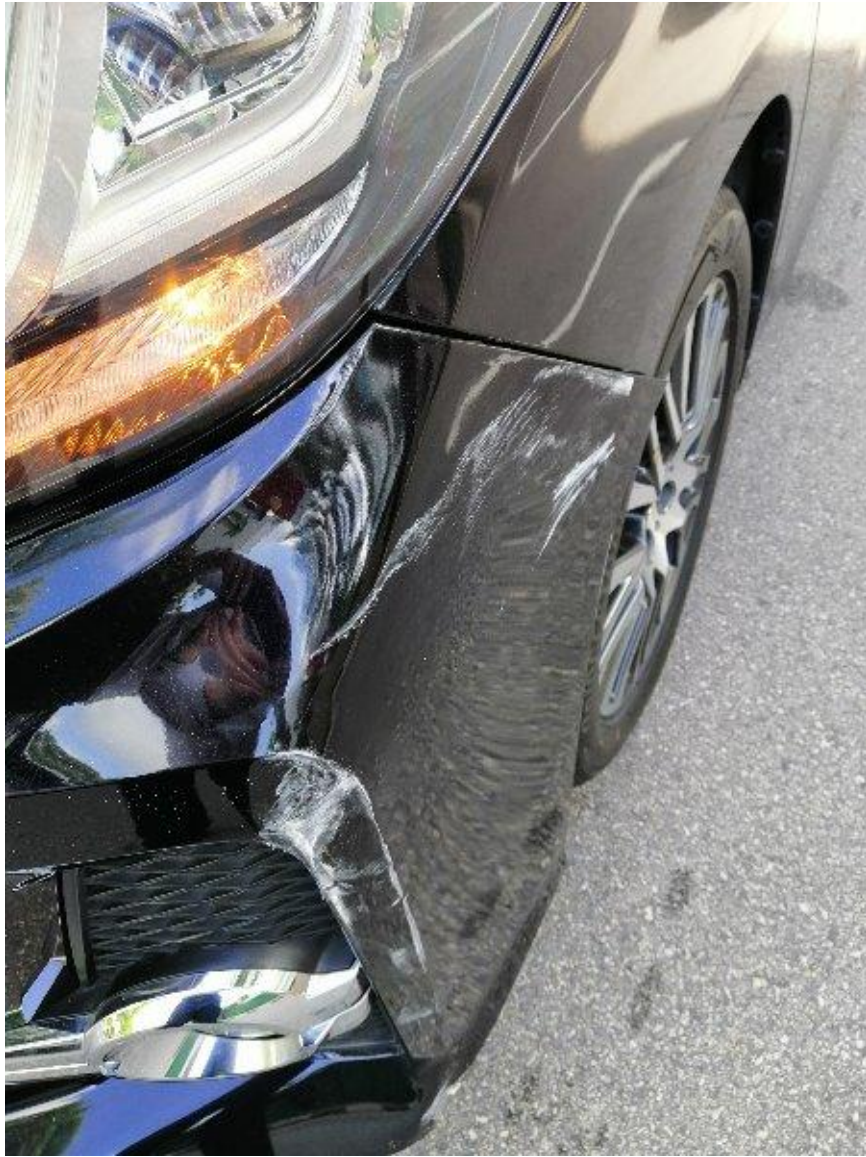
28 Jan 2004

NP 428A



Licence No: S8407964B

Accident Photo



Accident Photo



Accident Photo



Accident Photo

