

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	12/06/2019 09:56
Date Of Accident	11/06/2019 12:30
Exact Location Of Accident	RAFFLES QUAY NEAR TELEGRAPH ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5951Y
Insured/Policyholder	
Name Of Registered Owner	FEIYUE LIGHTING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82004749

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100448869-03
Cover Note Number	-

Driver

Name of Driver	LEE WAN AIK
NRIC No	F7443252L
Date Of Birth	10/08/1974
Occupation	INDOOR
Date Of Driving Pass	24/08/2004
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90211167
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	103 BUKIT BATOK CENTRAL #05-239
Postcode	650103
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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

I WAS TRAVELLING ALONG RAFFLES QUAY ON THE THIRD LANE FROM THE LEFT, SUDDENLY VEH B DASHED OUT FROM THE TELEGRAPH ST AND HIT ONTO MY VEH RIGHT REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL9917R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

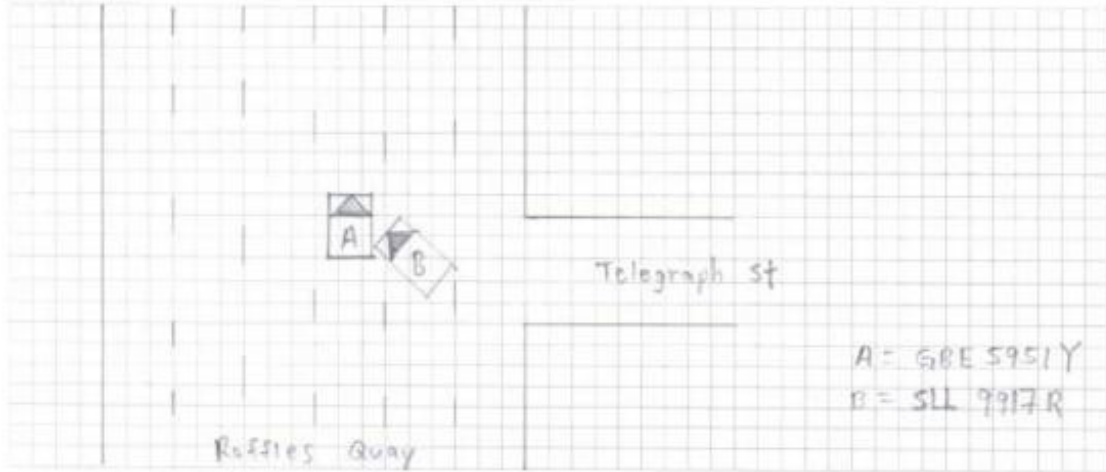
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

I/We declare that 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.:

DRIVING DOC

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: **F7443252L**
 Name: **LEE WAN AIK**
 Date of Birth: **10 Aug 1974**
 Issue Date: **21 Jul 2014**
 Valid Till: **23 Aug 2019**


0023268948



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore



Employer: **FEIYUE LIGHTING PTE. LTD.**
 Sector: **CONSTRUCTION**
 Name: **LEE WAN AIK**
 Occupation: **CONSTRUCTION WORKER**
 Work Permit No.: **S 30503038**
 Date of Application: **02-03-2015**
 Date of Issue: **22-06-2017**
 Date of Expiry: **09-07-2019**



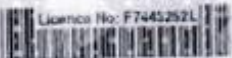
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	24 Aug 2014
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2000kg	24 Aug 2014

NP 426A

Licence No: F7443252L



VISIT PASS
Immigration Regulations

Name: **LEE WAN AIK**



Date of Birth	Sex	Nationality
10-08-1974	M	MALAYSIAN
Pin	Date of Issue	Date of Expiry
F7443252L	22-06-2017	09-07-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo



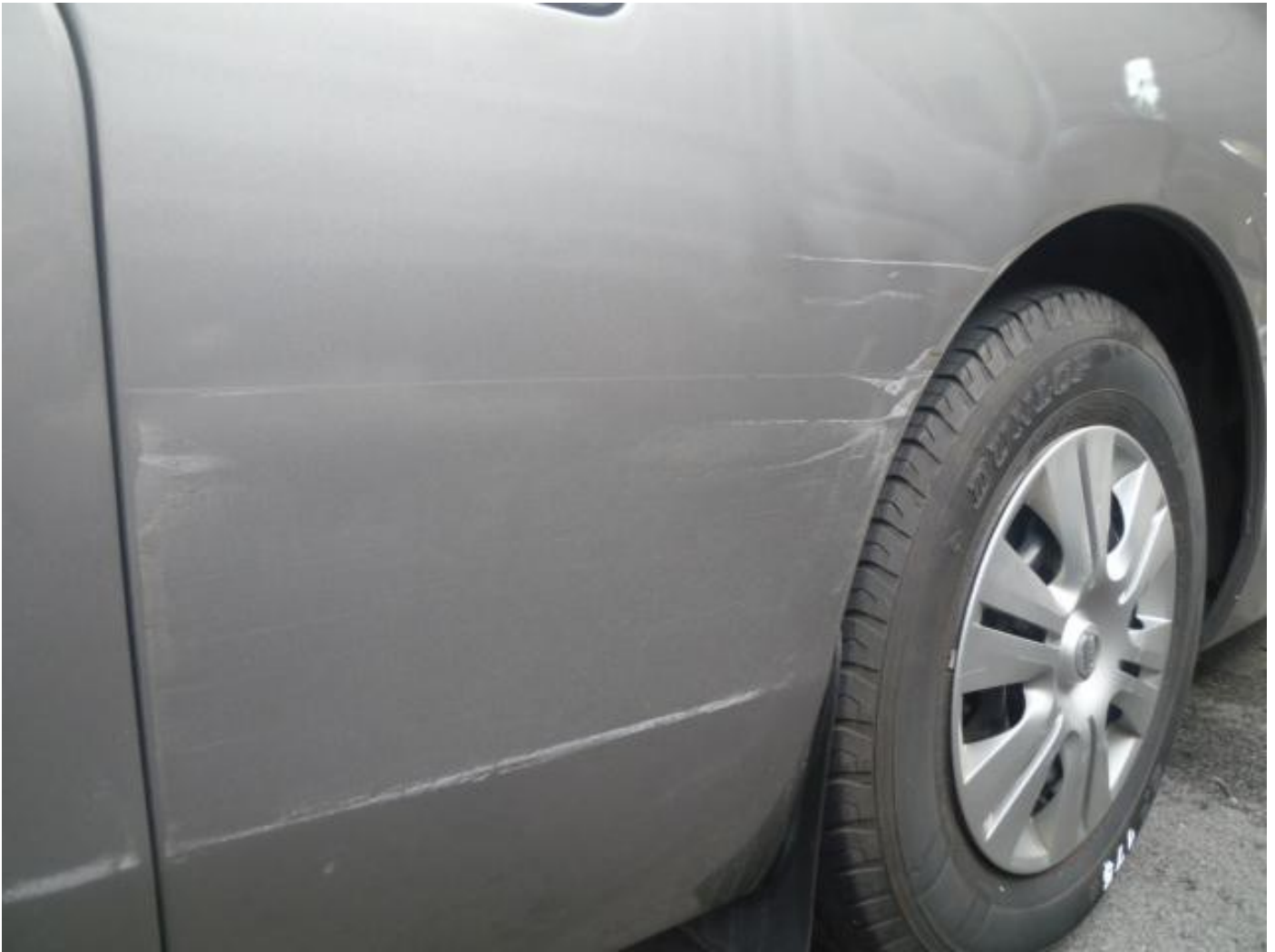
Accident Photo



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Accident Photo

SSIS NO: JN1MC2E26Z0005819
V : 1800 KGS
V : 3300 KGS
AP : F: 1 DRIVER, 2 OTHERS
R: 00
E SIZE : F: 195 x 15R 8PLY
R: 195 x 15R 8PLY(S)

Accident Photo



Accident Photo



Accident Photo

