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 aforesaid

	ACCIDENT STATEMENT
Date Of Report	24/04/2019 16:10
Date Of Accident	23/04/2019 19:20
Exact Location Of Accident	TRAFFIC JUNCTION BETWEEN SIMEI ROAD AND SIMEI ST 4
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLZ1325C
nsured/Policyholder	
Name Of Registered Owner	RABIAH BINTE MOHAMED SHARIFF
NRIC No	S6915403D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98520081
Alternative Phone No	Others-66544608
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800043184-01
Cover Note Number	
Driver	
Name of Driver	RABIAH BINTE MOHAMED SHARIFF
NRIC No	S6915403D
Date Of Birth	17/05/1969

INDOOR

19/08/2016

2 YEARS AND 8 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-98520081

Fax Number

Contact Number

EMail Address RMSHARIFF@YAHOO.COM

44 BEDOK SOUTH ROAD Address

#09-763 SINGAPORE

Postcode 460044

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

2

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

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 (I hit a third party vehicle), Circumstances Of Accident #tjunction, Accident_Scenario Turning into Main Road & Description My car behind 3rd Turning into Main Road & Description My car behind 3rd party at Traffic light. When lights Green 3rd party turned left and stopped for pedestrian to cross. I moved from behind too but moving straight. Misjudged his stop and my left front grazed his back bumper on the right.

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 SMK6459J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver NRIC/Passport Number

Contact Number

97581021

Address

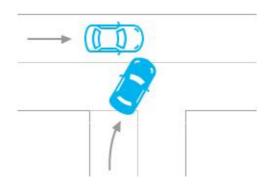
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan





Insd's Nric (Back)



Insd's Driving License (Front)



Insd's Driving License (Back)

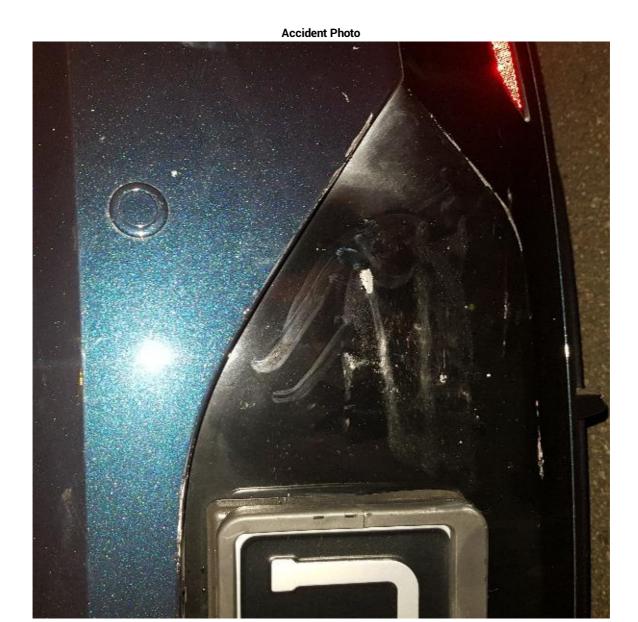


Additional Doc



Accident Photo





Accident Photo





