

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 | 15/07/2019 17:16 |
| Date Of Accident | 25/06/2019 11:20 |
| Exact Location Of Accident | 605 BEDOK RESERVOIR RD, SINGAPORE 470605 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SME2245S |
| Insured/Policyholder | |
| Name Of Registered Owner | LIN ZHENWEN |
| NRIC No | S8742556H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87147921 |
| Alternative Phone No | Office-87147921 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | MITSUBISHI |
| Model | ATTRAGE 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 | 1800109865 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------|
| Name of Driver | LIN ZHENWEN |
| NRIC No | S8742556H |
| Date Of Birth | 19/12/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 07/05/2012 |
| Driving Experience | 7 YEARS AND 1 MONTH |

| | |
|---|--|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87147921 |
| Fax Number | |
| Contact Number | OFFICE-87147921 |
| EMail Address | NOEMAIL |
| Address | 347 UBI AVENUE 1 #06-1017 SINGAPORE |
| Postcode | 400347 |
| 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 | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | NO |
| 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_Scenario Moving straight & Moving straight Blue Car SME2245S White Car SHD7128D Accident_Description There was a traffic jam due to roadworks at Paya Lebar PIE exit 11. The traffic was moving slowly and the taxi driver sped up only to jam his brake suddenly. I underestimated the distance as I had work in night-shift and due to a lack of sleep my response time was slower than usual and I could not brake in time. There was no visible damages to the car bumper nor to my car. Unfortunately the taxi driver wish to pursue this case.

Attachment(s)

| | |
|---|---------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | NOT SUBMITTED |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD7128D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |

| | |
|-------------------------------------|------|
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



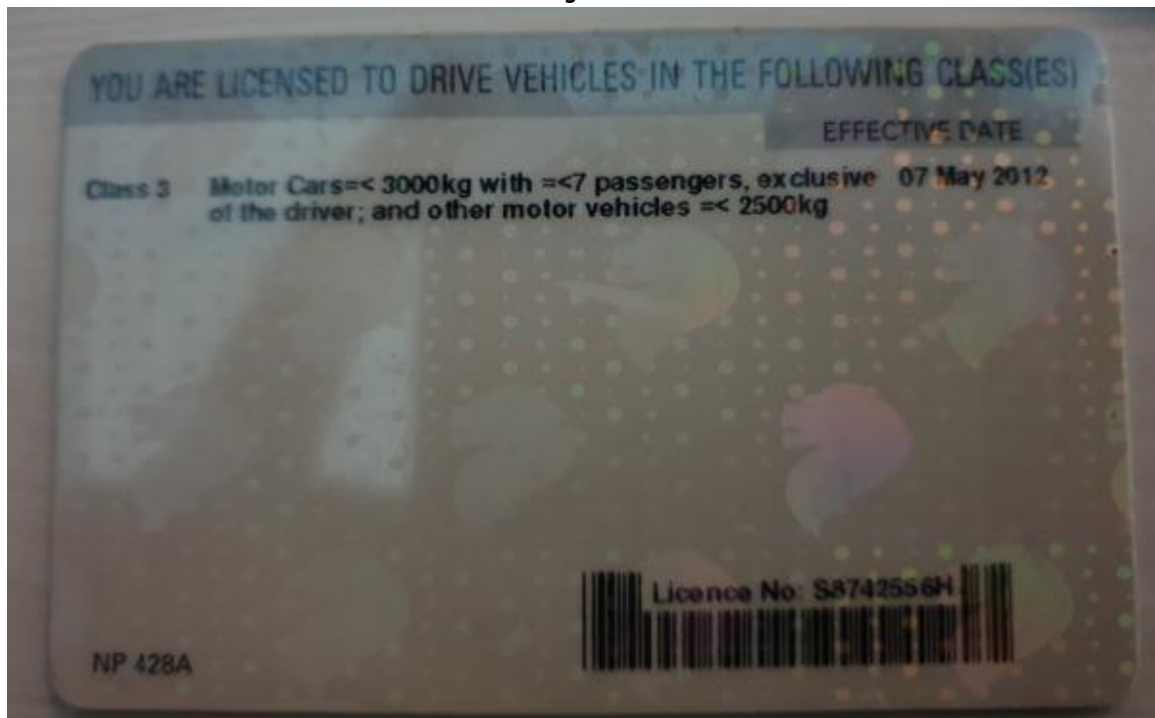
Accident Photo



Driving License



Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8742556H



Name
LIN ZHENWEN
林 禎 汶

Race
CHINESE

Date of birth
19-12-1987

Sex
M

Country/Place of birth
SINGAPORE



Identification Card

6070496



NRIC No. S8742556H



Date of issue
23-11-2018

Address
APT BLK 347 UBI AVENUE 1
#06-1017
SINGAPORE 400347