

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	23/06/2019 23:47
Date Of Accident	23/06/2019 10:40
Exact Location Of Accident	YIO CHU KANG ROAD, THE TRAFFIC BELOW YIO CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3712H
Insured/Policyholder	
Name Of Registered Owner	YEH CHIA HSIANG @YEH JAYSON
NRIC No	S2583236A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96664592
Alternative Phone No	Office-94790504

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ GLC250
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	1700004101-02
Cover Note Number	

Driver

Name of Driver	YEH CHIA HSIANG @YEH JAYSON
NRIC No	S2583236A
Date Of Birth	30/08/1953
Occupation	INDOOR
Date Of Driving Pass	20/06/2014
Driving Experience	5 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96664592
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	29 MIMOSA ROAD MIMOSA PARK SINGAPORE
Postcode	807991
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)	2
Passenger 1	Name: : Was not given his name 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

#straightroad Moving straight & Moving straight Blue Car SLP3712H White Car SHA2937J Car was cruising mode and did not step on accelerator. However I Did not brake in time hence colloided with the Taxi which was stainonary at the momoment of time

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	
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



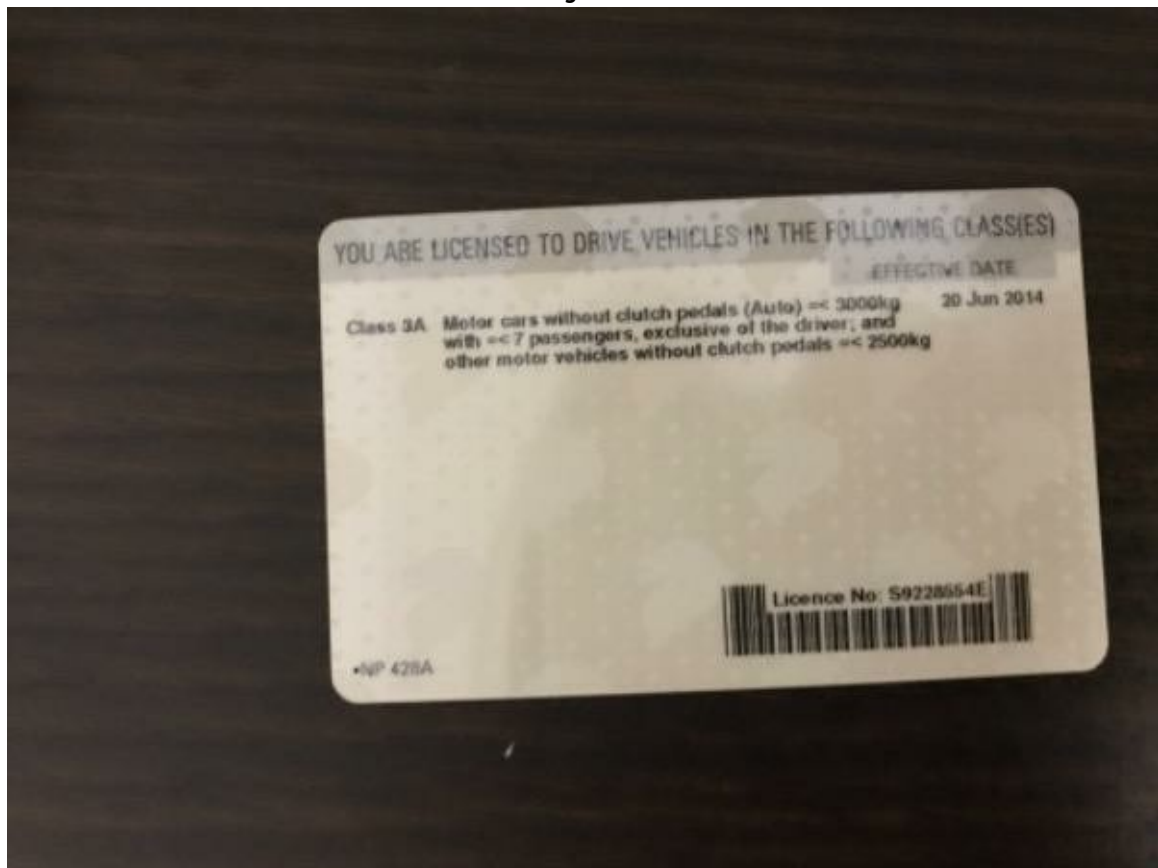
Accident Photo



Driving License



Driving License



Identification Card



Identification Card

