

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	28/06/2019 09:38
Date Of Accident	23/04/2019 14:30
Exact Location Of Accident	SEMBAWANG RD SLIP RD INTO YISHUN AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC7354L
Insured/Policyholder	
Name Of Registered Owner	BS CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81450033

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SKC7354L
Cover Note Number	-

Driver

Name of Driver	BRYAN AW WEI SIEW
NRIC No	T0011018Z
Date Of Birth	29/03/2000
Occupation	INDOOR
Date Of Driving Pass	04/12/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97812282
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 787D WOODLANDS CRESCENT #13-40
Postcode	734787
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

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?	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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

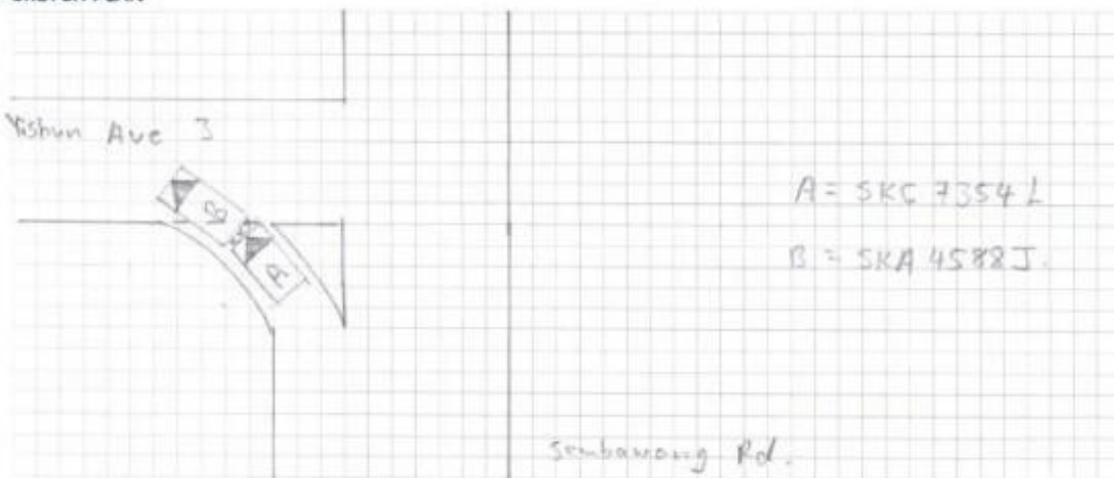
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA4588J
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 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.:

Accident Sketch Plan

I STOP BEHIND VEH B AT THE SLIP RD FROM SEMBAWANG RD INTO YISHUN AVE 3, WHEN I NOTICED THE VEH STARTED TO MOVING OUT TO THE MAIN ROAD, AS SUCH I FOLLOW TO MOVE, WHILE THE VEH B ALREADY HALF CAR OUT FROM THE GIVE WAY LINE, HE SUDDENLY JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR PORTION.

DRIVING DOC

REPUBLIC OF SINGAPORE DRIVING LICENCE

10011018Z

BRYAN AW WEI SIEW

DOB Date: 29 Mar 2000
Issue Date: 04 Dec 2015

1002677471G

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. T0011018Z

Name
BRYAN AW WEI SIEW

胡伟秀

Race
CHINESE

Date of birth
29-03-2000

Country/Place of birth
SINGAPORE

Sex
M

5430316

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver, and other motor vehicles with unladen weight \leq 2500kg	04 Dec 2015

NP 428A

10011018Z

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5430316

10011018Z

Date of issue
28-02-2015

Address
APT BLK 787D WOODLANDS CRESCENT
#13-40
SINGAPORE 734787

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

