

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	11/07/2019 23:53
Date Of Accident	10/07/2019 12:25
Exact Location Of Accident	LORONG 39 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCM262G
Insured/Policyholder	
Name Of Registered Owner	LAI SING KIEW
NRIC No	S2567799D
Email Address	LYHSAMANTHA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93632890
Alternative Phone No	Office-98230007

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ECLIPSE CROSS 1.5
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	1800028688
Cover Note Number	

Driver

Name of Driver	LAI YING HUI SAMANTHA
NRIC No	S9419683C
Date Of Birth	30/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2014
Driving Experience	5 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98230007
Fax Number	
Contact Number	
EEmail Address	LYHSAMANTHA@GMAIL.COM
Address	27 PAYA LEBAR ROAD, PAYA LEBAR RESIDENCES #11-08
Postcode	409042
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
Foreign Vehicle Registration Number	JFM39 (MOTORCYCLE)
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: : BENJAMIN TAN 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

Accident_Description I was driving along Lorong 39 Geylang on the street when I slowed down to pass a vehicle that was parallel parked on the lane. There was a motorist behind tailgating and banged into the car.

Attachment(s)

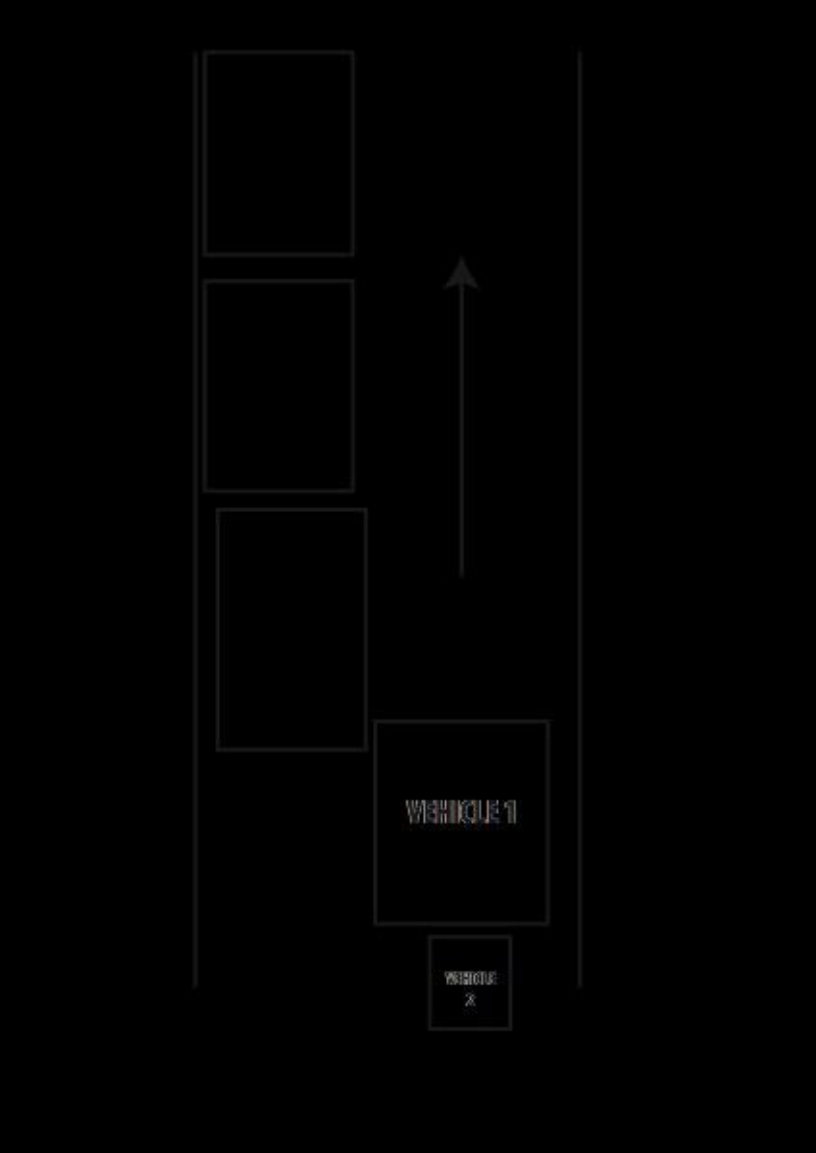
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JFM39
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
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

