### 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 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

	ACCIDENT STATEMENT	
Date Of Report	08/08/2019 17:31	
Date Of Accident	08/08/2019 07:05	
Exact Location Of Accident	ECP TOWARDS CITY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SME2595G	
Insured/Policyholder		
Name Of Registered Owner	NG BOON NGAN (HUANG WENYAN)	
NRIC No	S7224405B	
Email Address	DESMONDNG_13@YAHOO.COM	
Mobile Phone No	(LOCAL) +65-91452000	
Alternative Phone No	OTHERS-91452000	
Vehicle Particulars		
Manufacturer	KIA	
Model	CERATO 1.6A EX G333	
Exact Purpose for which vehicle was being used time of accident	at NORMAL USAGE	
Are you claiming under your own insurance polic for repair to your vehicle?	<sup>ey</sup> NO	
If No, Please state action to be taken	THIRD PARTY	
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	1800112982	
Cover Note Number		
Driver		
Name of Driver	NG BOON NGAN (HUANG WENYAN)	
NRIC No	S7224405B	
Date Of Birth	13/07/1972	
Occupation	OUTDOOR	
Date Of Driving Pass	29/07/1991	
Driving Experience	28 YEARS AND 0 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91452000	
Fax Number		
Contact Number	OTHERS-91452000	
EMail Address	DESMONDNG_13@YAHOO.COM	

Address

**BLK 168D SIMEI LANE** #07-68 SINGAPORE

Postcode

524168

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)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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)

2

Passenger 1

NAME:

: NG CHIN HENG CLARENCE

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**

I WAS DRIVING ALONG ECP TOWARDS CITY WHEN SUDDENLY THE CAR IN FRONT OF ME JAM BRAKE. I IMMEDIATELY BRAKE AND ABLE TO STOP IN TIME.AFTER WHICH,I FELT AN IMPACT FROM BEHIND AND REALISED THAT A TAXI SHD6763B HAD COLLIDED INTO THE REAR OF MY VEHICLE.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SHD6763B

Vehicle Make/Model/Colour

MERCEDES BENZ WHITE

**Details Of Properties** 

TAXI

Vehicle Category Name of Driver

DAVID

NRIC/Passport Number

Contact Number

94563212

Address

Postcode

Insurance Company Name

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Nature Of Damage
No. Of Passenger (Including Driver)