Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 27/08/2019 10:34

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 $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 3. Information provided must be as <u>truthful and accurate</u> 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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	27/08/2019 10:10
Date Of Accident	22/08/2019 13:30
Exact Location Of Accident	At the traffic T-Junction between Yio Chu Kang Roa
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGM40H
Insured/Policyholder	
Name Of Registered Owner	LEE YOUN KAY
NRIC No	SXXXX730J
Email Address	jojosnr@gmail.com
Mobile Phone No	(LOCAL) +65-97357083
Alternative Phone No	Office-96560366
Vehicle Particulars	
Manufacturer	SUBARU
Model	NEW FORESTER 2.0XT
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	2100463991-03
Cover Note Number	
Driver	
Name of Driver	LEE YOUN KAY
NRIC No	SXXXX730J

Name of Driver

NRIC No

Date Of Birth

Occupation

Date Of Driving Pass

LEE YOUN KA

SXXXX730J

25/08/1966

Indoor

23/05/1994

Driving Experience 25 Years And 2 Months

Gender Male

Mobile Number (Local) +65-97357083

Fax Number

Contact Number

EMail Address jojosnr@gmail.com

157F TAMARIND ROAD Address #03-07 SINGAPORE

Postcode 806110

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 SGA40X

Vehicle

Insurance Company of Driver's Own Vehicle AIG Asia Pacific Insurance Pte. Ltd.

2

No

No

No

No

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

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Both vehicle were stopped at the traffic junction. My vehicle inched forward wihtout my realising and bumped into the front vehicle.

Attachment(s)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

Remarks/ Reasons: VIDEO NOT SUBMITTED

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SI 77272G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Private Car Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

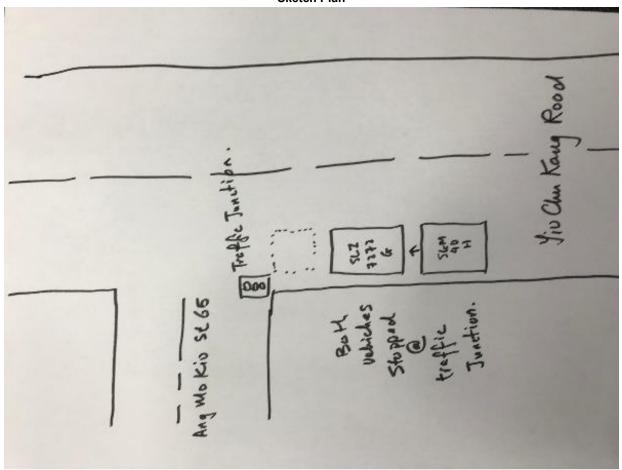
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo

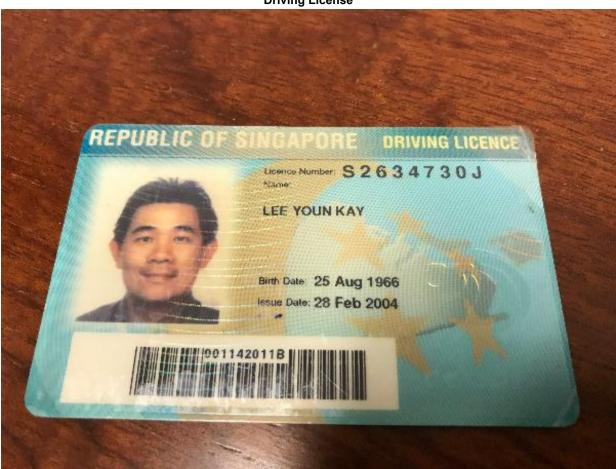




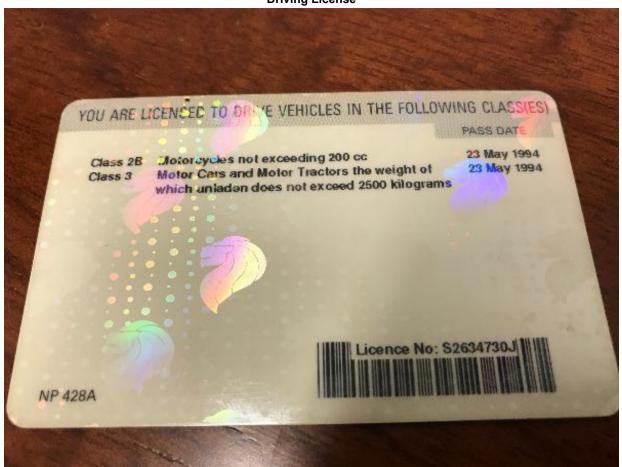
Accident Photo



Driving License



Driving License



Identification Card



Identification Card

