

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 ability.
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 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	03/03/2014 09:53
Date Of Accident	01/03/2014 11:15
Exact Location Of Accident	SLIP RD-JLN JURONG KECHIL TO BT BATOK EAST AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX6848Y
Insured/Policyholder	
Name Of Registered Owner	UNIQUE TOURIST SERVICE (PTE) LTD
Co Reg No	197401067R

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 ALTIS (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999995921/100734718-00000
Cover Note Number	

Driver

Name of Driver	WEVELSIEP THOMAS
Passport No/FIN	G5218106U
Date Of Birth	28/08/1972
Occupation	INDOOR
Date Of Driving Pass	19/01/2013
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81868671
Fax Number	
Contact Number	
EEmail Address	UNIQTOUR@SINGNET.COM.SG
Address	C/O BLK 1 ROCHOR ROAD #02-574 ROCHOR CENTRE
Postcode	180001
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 (INSURED HIT TP)
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO

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 sketch plan.

Are accident photos available for attachment?	YES
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB7864Y
Vehicle Make/Model/Colour	TRANS-CAB CHEVROLET TAXI
Details Of Properties	
Name of Driver	YAP PUAY HUAT
NRIC/Passport Number	S1605560C
Contact Number	92738808
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

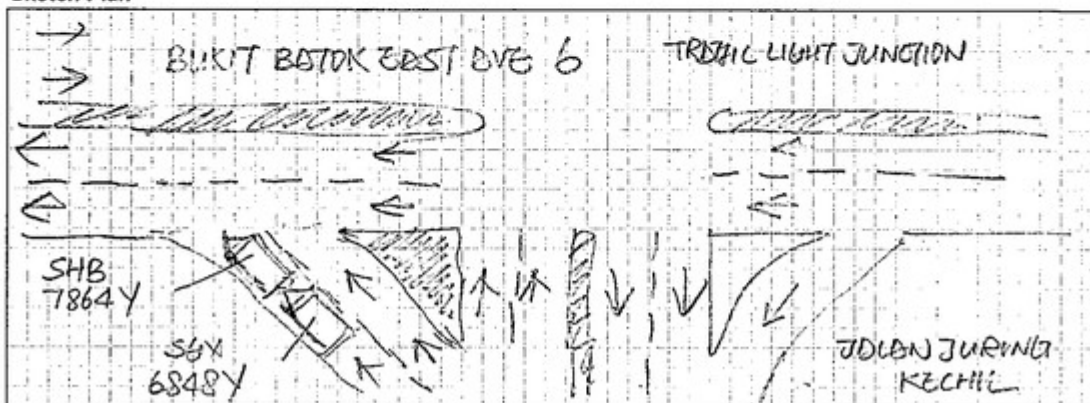
Sketch Plan

SKETCH PLAN

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Sketch Plan






Describe Circumstances of the Accident

I WAS DRIVING ON JALAN JURONG KECIL MAKING LEFT TURN INTO BUKIT BATOK EAST AVE 6, WHILE ON FILTER LANE, THE TAXI IN FRONT SUDDENLY STOP. I APPLIED MY BRAKE BUT WAS UNABLE TO STOP IN TIME, THUS HITTING THE BACK OF THE TAXI.

Declaration

I/We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time 030314 @ 0950HRS	 Driver's Signature (If driver is not the policyholder) / Date & Time [Signature]	 Witnessed by Reporting Centre Personnel
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Accident Photo



Accident Photo



Accident Photo



Chassis Number

