## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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	27/09/2019 07:55
Date Of Accident	26/09/2019 09:35
Exact Location Of Accident	UPPER CHANGI RD E AND BEDOK SOUTH ROAD JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJV8677K
nsured/Policyholder	
Name Of Registered Owner	PANG TE CHENG
NRIC No	S1828853B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98770222
Alternative Phone No	Office-96262300
/ehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS HYBRID 1.8 CVT
exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800002936-01
Cover Note Number	
Driver	
Name of Driver	PANG TE CHENG
NRIC No	S1828853B
Date Of Birth	09/02/1967

**INDOOR** 

26/11/1992

26 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98770222

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address 9 LORONG 105 CHANGI

SINGAPORE

Postcode 426507
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 HAZY
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

1

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.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

#straightroad Moving straight & Blue Car SJV8677K White Car SKD3157K SKD3157K turning right at a x-junction and suddenly jammed-break. SJV8677K which was right behind it could not stop in time & slightly knocked into it.

Attachment(s)

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

Remarks/ Reasons: INSD DID NOT PROVIDE VIDEO FOOTAGE

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKD3157D

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)

## **Sketch Plan**







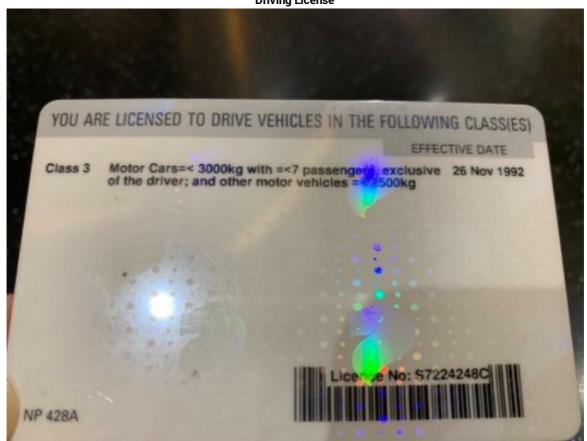
## **Accident Photo**



**Driving License** 



**Driving License** 





**Identification Card** 

