Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/10/2019 11:09

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <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.	
	ACCIDENT STATEMENT
Date Of Report	16/10/2019 10:43
Date Of Accident	21/09/2019 20:20
Exact Location Of Accident	MARINE PARADE ROAD AND STILL ROAD SOUTH JUNCTION.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM535L
Insured/Policyholder	
Name Of Registered Owner	CHAN HSIEN HUNG(ZENG XIANHONG)
NRIC No	S7706330G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91551561
Alternative Phone No	Office-91551561
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	OUTLANDER 2.0 ELEGANCE/SPORTS
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	1800027586
Cover Note Number	
Driver	
Name of Driver	CHAN HSIEN HUNG(ZENG XIANHONG)
NRIC No	S7706330G
Date Of Birth	22/02/1977
Occupation	INDOOR

01/04/2002

17 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91551561

Fax Number

Contact Number

EMail Address NOEMAIL

Address 72 MARINE DRIVE

#16-23 SINGAPORE

Postcode 440072
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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

officiting/offering accident claims assistance

Was any other material or property damaged?

NO

Number of Passengers (Including Driver) 3

Passenger 1 Name: : JOYCE BETHANY SIM

Gender: : Female

Passenger 2 Name: : Joash Samuel Chan Qing An

Gender: : Male

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

While waiting at the junction i was distracted by my child in the car and accidentally lifted my foot off the brack pedal. The car moved forward slightly and bumped into the vehicled in front.

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

SKH9860C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

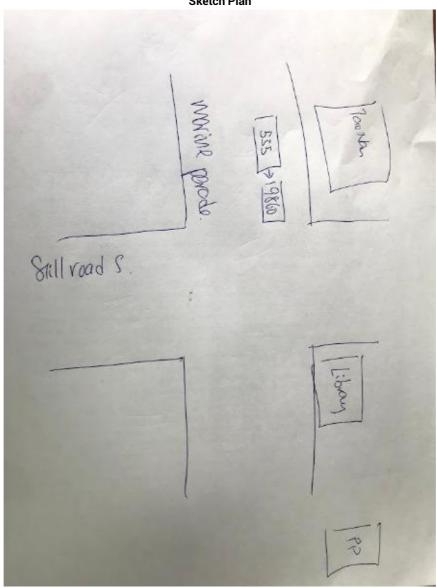
Insurance Company Name

Nature Of Damage

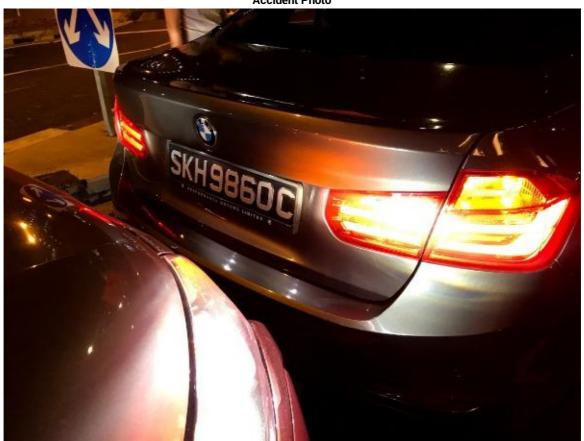
No. Of Passenger (Including Driver)

PRIVATE CAR

Sketch Plan



Accident Photo



Accident Photo

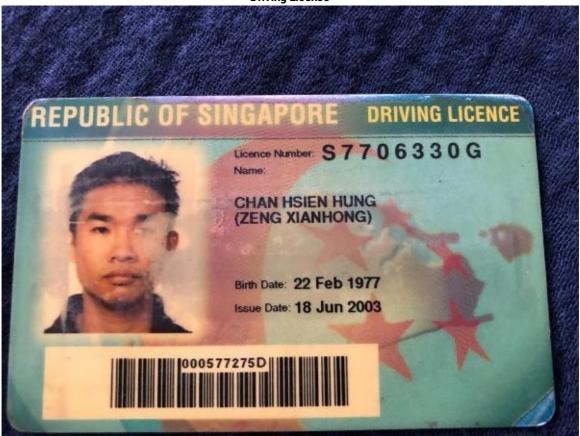




Accident Photo



Driving License



Driving License

