

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 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 | 23/11/2019 11:28 |
| Date Of Accident | 22/11/2019 22:45 |
| Exact Location Of Accident | 273 BEDOK SOUTH AVE 3, SINGAPORE 469293 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMN5620A |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN BAO CAI |
| NRIC No | S9000848Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91918748 |
| Alternative Phone No | Office-91918748 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | MINI |
| Model | ONE 1.5 F55 |
| 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 | 1900150901 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN BAO CAI |
| NRIC No | S9000848Z |
| Date Of Birth | 12/01/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/05/2009 |
| Driving Experience | 10 YEARS AND 5 MONTHS |

| | |
|---|--|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91918748 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |
| Address | 737 YISHUN STREET 72 #03-85 SINGAPORE |
| Postcode | 760737 |
| 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 - MAJOR/MINOR RD |
| 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 | 2 |
| 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. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | Name: : JOELLE HENG Gender: : Female |

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

#straightroad Moving out from Stationary/ Parked position & Overtaking to turn into another lane SHD3037J SMN5620A WSVC19002378 Accident_Description Taxi (SHD3037J) is on hazard light to pick or alight passenger just in front of the condo entrance. My car (SMN5620A) has to switch lane and turn into the condo. Taxi moved forward without noticing my car and hit on my left rear

Attachment(s)

| | |
|---|----------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | AUDIO / VIDEO NOT PROVIDED |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD3037J |
|-----------------------------|----------|

Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

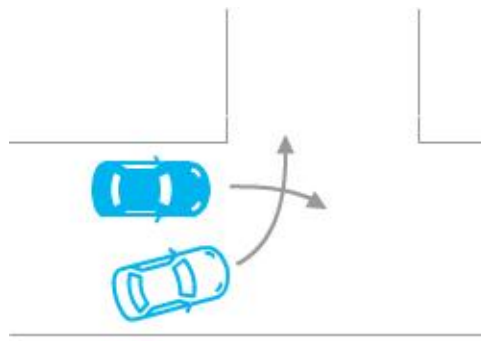
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



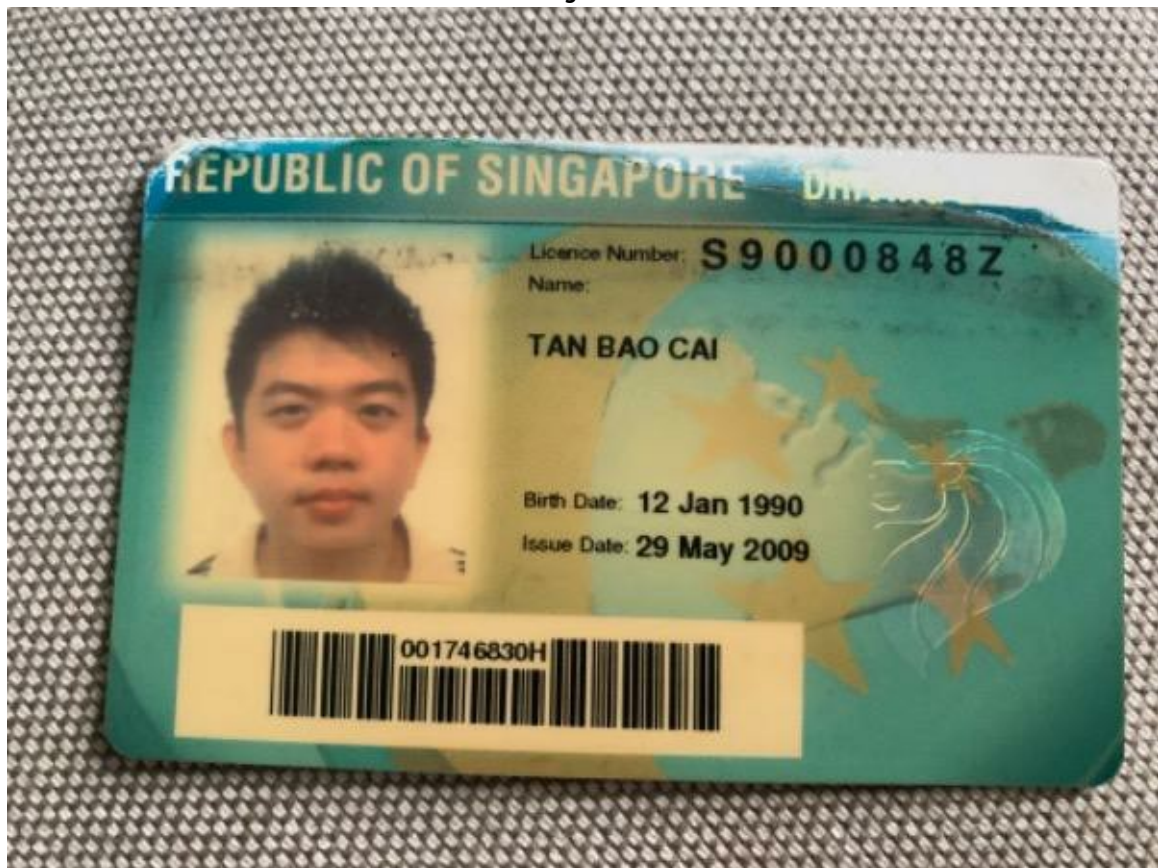
Accident Photo



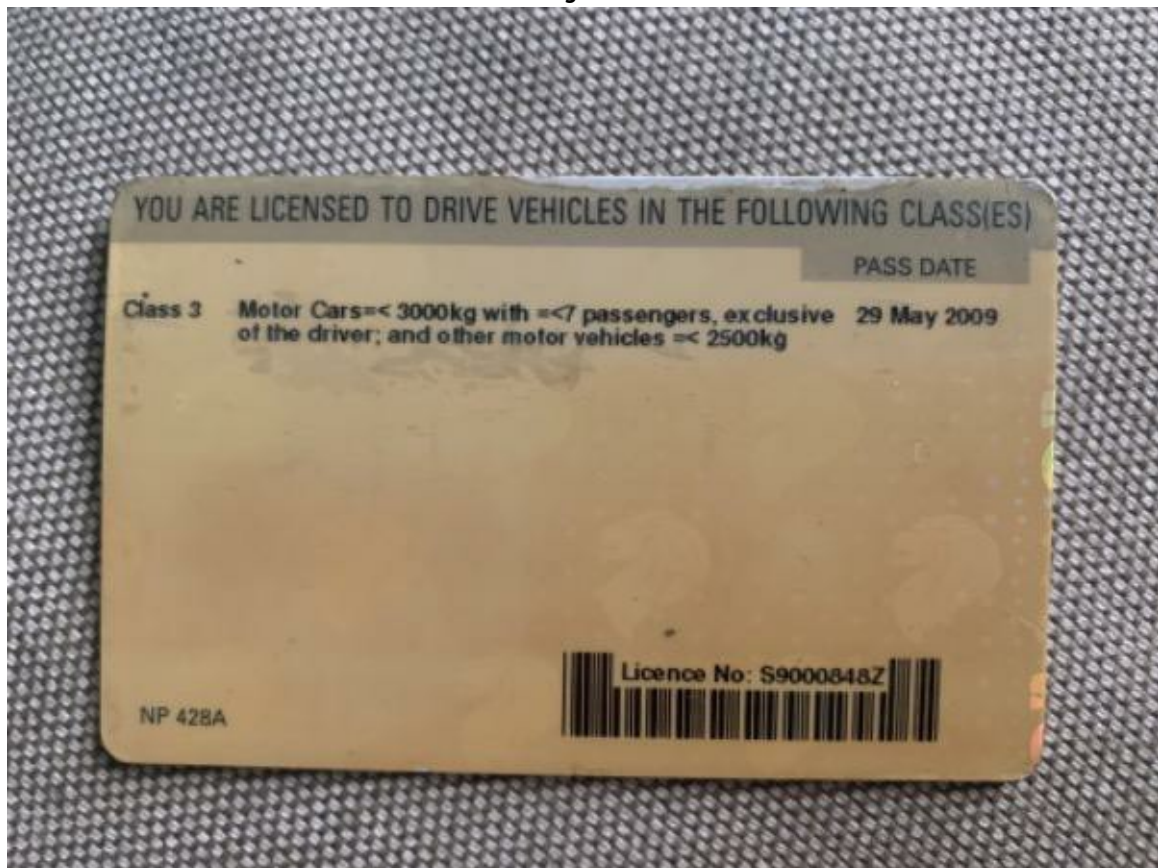
Accident Photo



Driving License





Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9000848Z



Name
TAN BAO CAI



陳 保 材

Race
CHINESE

Date of birth
12-01-1990

Sex
M

Country of birth
SINGAPORE



Identification Card

