

## 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	20/12/2019 15:19
Date Of Accident	05/12/2019 10:00
Exact Location Of Accident	AT ORCHARD RD (SLIP RD) TWDS GRANGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCP9033B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOE WIN @TAW PEIN AN
NRIC No	S2642765G
Email Address	SOEWIN@EKOOK.COM.SG
Mobile Phone No	(LOCAL) +65-90072222
Alternative Phone No	Office-66877953

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE
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	1700019536-02
Cover Note Number	

### Driver

Name of Driver	MAY WA TAW
NRIC No	S9310808F
Date Of Birth	03/04/1993
Occupation	INDOOR
Date Of Driving Pass	15/02/2013
Driving Experience	6 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-90072222
Fax Number	
Contact Number	
E-Mail Address	SOEWIN@EKOOK.COM.SG
Address	245 ORCHARD BOULEVARD #04-02 SINGAPORE
Postcode	248648
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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: : SOE WIN Gender: : Male

#### 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

Circumstances Of Accident #straightroad Accident\_Scenario Moving straight & Moving straight Blue Car SCP9033B White Car SHC8506U Accident happened at the slip road but there were not any applicable scenarios under that option. Driver (SCP9033B) was directly behind SHC8506U waiting to turn into the main road. Then driver (SCP9033B) turned her head back to check for oncoming traffic and when there was no more traffic driver (SCP9033B) released the brake whilst turning her head back and lightly bumped into SHC8506U.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8506U
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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



Identification Card



Identification Card



Driving License



Driving License

