

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	25/02/2020 18:35
Date Of Accident	11/12/2019 20:40
Exact Location Of Accident	CTE TOWARDS SLE BEFORE YIO CHU KANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR5408L
Insured/Policyholder	
Name Of Registered Owner	TAN WEI MING
NRIC No	S8234324E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86862887
Alternative Phone No	Office-86862887

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8
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	1900107853
Cover Note Number	

Driver

Name of Driver	TAN WEI MING
NRIC No	S8234324E
Date Of Birth	12/10/1982
Occupation	INDOOR
Date Of Driving Pass	10/12/2010
Driving Experience	9 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-86862887
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	764 WOODLANDS CIRCLE 04-314 SINGAPORE
Postcode	730764
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	RAINING
Road Surface	WET

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)	1

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

Accident_Scenario Chain Collision. This image is for illustration purpose only. In the description of the accident scenario please list down the vehicle no. of all vehicles involved in the exact sequence. Vehicle 1 e-brake and Vehicle 2 was unable to stop in time and collided into Vehicle 1. Seeing this condition I applied brake fully but due to the road condition my vehicle skidded and also collided into vehicle 2. Accident happened at CTE towards SLE before Yio Chu Kang exit.

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	SHD5262L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver
NRIC/Passport Number

Contact Number

Address

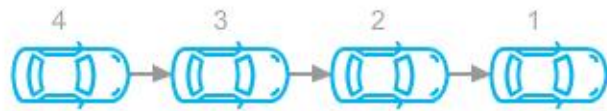
Postcode

Insurance Company Name

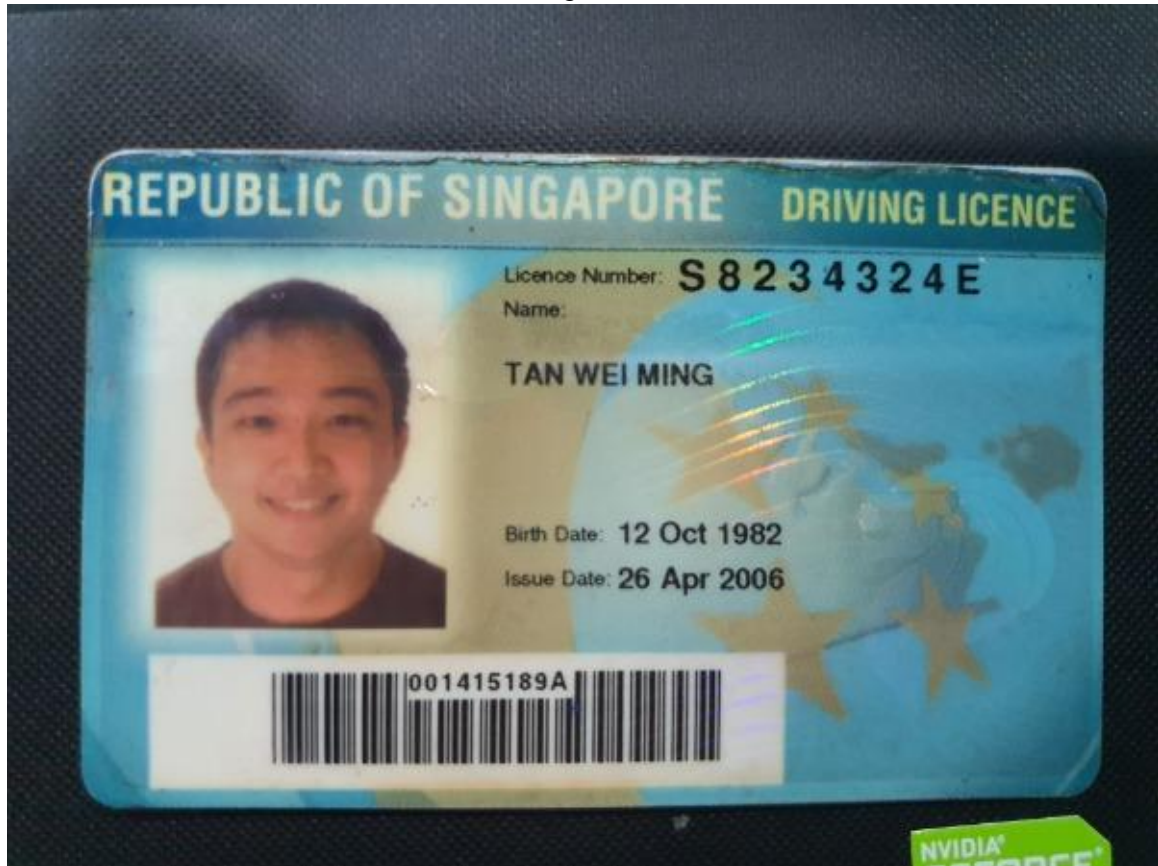
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Driving License



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B	Motorcycles \leq 200 CC	26 Apr 2006
Class 2A	Motorcycles between 201 CC and 400 CC	05 Jun 2007
Class 2	Motorcycles $>$ 400 CC	01 Jul 2008
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	10 Dec 2010

S8234324E

S / No. 9000132549

Licence No: S8234324E



NP 428A

NVIDIA
GEFORCE

Accident Photo



Accident Photo

