

## 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	17/12/2019 10:58
Date Of Accident	16/12/2019 10:40
Exact Location Of Accident	AT THE JUNCTION OF BISHAN ROAD AND BISHAN STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6862Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN MUI CHOO
Work Permit No	S2503822C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94508048
Alternative Phone No	Office-94508048

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ GLC250
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	1700004374-02
Cover Note Number	

### Driver

Name of Driver	TAN GUAN SENG
NRIC No	S1435225B
Date Of Birth	28/02/1960
Occupation	INDOOR
Date Of Driving Pass	05/08/1977
Driving Experience	42 YEARS AND 4 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-94508048
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	275A BISHAN STREET 24 #35-118 SINGAPORE
Postcode	571275
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	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 Moving straight & Moving straight Blue Car SLN6862Z White Car GBJ2273P WHILE WAITING AT THE JUNCTION OF THE BISHAN STREET 14 TO TURN INTO THE RIGHT SIDE OF BISHAN ROAD. WHEN TRAFFIC LIGHT TURNED GREEN THE FRANT CAR SLOW TO MOVE AND MY CAR HAD KNOCKED INTO HIS REAL PART. THE FRANT CAR SEEMS LIKE NO DAMAGES AT ALL BUT MY CAR LICENSE NUMBER PLATE HAD DAMAGE. WE DECIDED TO MAKE OUR OWN INSURANCE ACCIDENT REPORT FOR IT.

#### 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	GBJ2273P
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	GOODS VEHICLE
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



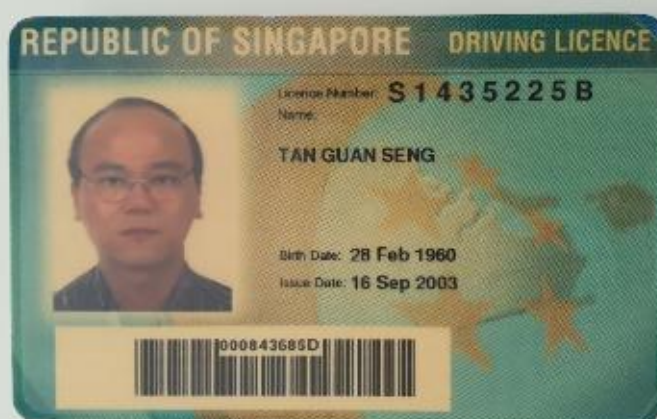
## Identification Card



# Identification Card



## Driving License



## Driving License

