## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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

	ACCIDENT STATEMENT
Date Of Report	22/12/2019 15:55
Date Of Accident	21/12/2019 18:55
Exact Location Of Accident	FILTER LANE FROM PIE TOWARD CTE (CITY)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN6885H
Insured/Policyholder	
Name Of Registered Owner	HAPPE INTERIOR & DESIGN
Co Reg No	53225092C
Email Address	CHOOYIH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91015103
Alternative Phone No	Office-91015103
Vehicle Particulars	
Manufacturer	AUDI
Model	Q2/ Q2 SPORT 1.0 TFSI S TRONIC
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800053167-01
Cover Note Number	
Driver	
Name of Driver	ONG CHOO YIH
NRIC No	G6335955L
Date Of Birth	17/05/1988
	WDOOD

**INDOOR** 

10/03/2016

3 YEARS AND 9 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-82223466

Fax Number

**Contact Number** 

**EMail Address** CHOOYIH@GMAIL.COM

Address 416 SAUJANA ROAD #02-54

Postcode 670416

YES Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

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

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name **BUKIT PANJANG** 

Police Station Address ROAD: 1 SEGAR ROAD, POSTCODE: 677738, COUNTRY: SINGAPORE

**Police Station Contact** TEL NO: 1800-8929999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

was raining and heavy traffic I braked the car but the car didnt stop in time and collide with the car in front

NO

2

NO

NO

NO

1

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 **SLK1780A** 

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE HIRE Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

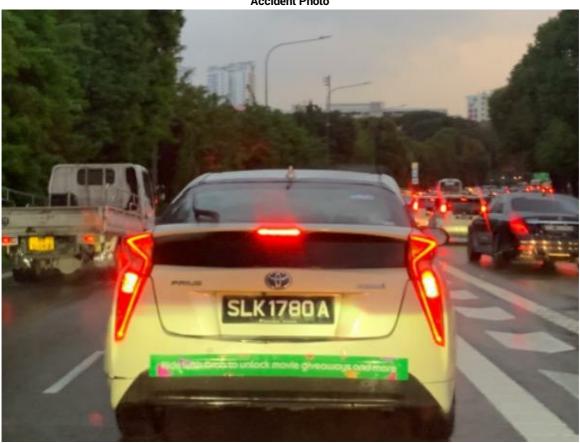
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## **Accident Photo**





**Identification Card** 



## **Identification Card**





