

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	30/12/2019 14:21
Date Of Accident	27/12/2019 11:45
Exact Location Of Accident	ENTER TO PIE, NEAR TOH GUAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKS1584U
Insured/Policyholder	
Name Of Registered Owner	CHOW WENG YING
NRIC No	S7310203J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98509456
Alternative Phone No	Office-93800231

Vehicle Particulars	
Manufacturer	MAZDA
Model	5 2.0 SKYACTIV
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	2100409897-04
Cover Note Number	

Driver	
Name of Driver	CHOW WENG YING
NRIC No	S7310203J
Date Of Birth	22/01/1973
Occupation	INDOOR
Date Of Driving Pass	14/02/2004
Driving Experience	15 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98509456
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	45 TOH TUCK ROAD BEVERLY #02-14 SINGAPORE
Postcode	596720
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	CHAIN COLLISION
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	4
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

#chaincollision 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. I am the fourth car (SKS 1584U). Third car (SLP6864H) e-brake. Third car hit Second car (SLP 8595X). First Car (SKH6812L)

Attachment(s)

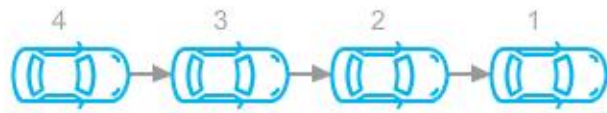
Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP6864H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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



Identification Card



Identification Card



OPPOR15