# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 02/01/2020 11:17

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 <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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	31/12/2019 13:41
Date Of Accident	30/12/2019 06:05
Exact Location Of Accident	LORNIE FLYOVER, TOWARDS TOA PAYOH. RIGHT SIDE OF T
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK6066J
Insured/Policyholder	
Name Of Registered Owner	WEN DECHANG WAYNE
NRIC No	S8311826A
Email Address	EVELYN.GOH.SIEW.YEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97889592
Alternative Phone No	Office-96796425
Vehicle Particulars	
Manufacturer	CITROEN
Model	GRAND C4 SPACETOURER
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	1900085689
Cover Note Number	
Driver	
Name of Driver	GOH SIEW YEN EVELYN
NRIC No	S8626538I

**INDOOR** 

08/09/2012

7 YEARS AND 3 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-96796425

Fax Number

**Contact Number** 

**EMail Address** EVELYN.GOH.SIEW.YEN@GMAIL.COM

Address 232 LORONG 8 TOA PAYOH, TOA PAYBUILDING #08-234

Postcode 310232

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?

Number of vehicles (including own vehicle)

involved in the accident

NO

2

NO

NO

NO

NO

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver) 2

Passenger 1 : Meredith Wen Shi Hui Name:

> Gender: : Female

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

Circumstances Of Accident #straightroad Accident\_Scenario Moving straight & Moving straight Blue Car SMK6066J White Car GBH652C The traffic was slow moving more like a accelerate-break situation. As i gently step on the accelerator to close up the distance in front of me between the car it rolled and it didnt stop in time.

#### 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**

GBH652C Vehicle Registration Number

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**

