# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 24/01/2020 11:11

#### 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.

	ACCIDENT STATEMENT
Date Of Report	23/01/2020 18:43
Date Of Accident	21/01/2020 18:30
Exact Location Of Accident	ALONG RACE COURSE RD NEAR TO MUTHU'S CURRY RESTAU
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG3956C
Insured/Policyholder	
Name Of Registered Owner	ISHAK BIN MOHALI
NRIC No	S6933032J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	Office-97523409
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900087555
Cover Note Number	
Driver	
Name of Driver	ISHAK BIN MOHALI
NRIC No	S6933032J
Date Of Birth	06/10/1969

**INDOOR** 

16/12/2002

17 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-99999999

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address 828 TAMPINES STREET 81

#02-256 SINGAPORE

Postcode 520828

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

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### **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

NO

NO

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

#straightroad Moving out from Stationary position & Moving straight SGG3956C SLH4570K WSVC20000190 Accident\_Description SLH4570K stops to give way to a reversing car for a parallel parking along Race Course Rd. My car was behind when it abrubtly stopped. There was a hump before the incident I applied the brake but as there was a hump my car hit onto the hump n accidentally my feet was lift up and I applied a 2nd time but could not brake on time and my car had a kiss on SLH4570K bumper only. However no serious damage to my car and for SLH4570K. His car has already an old dent above the bumper. I had reported late as before that we want to settle for the damages but could not get to the consensus the driver Lodge a report.

## 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

SLH4570K

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

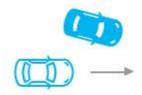
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## COMMERCIAL VEHICLE

# **Sketch Plan**



# **Accident Photo**



# **Accident Photo**



Driving License



**Driving License** 





**Identification Card** 

