

## 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	30/01/2020 12:52
Date Of Accident	29/01/2020 18:00
Exact Location Of Accident	JUNCTION HENDERSON ROAD AND BUKIT MERAH CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDT9996P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO HWEE KIAM
NRIC No	S6843846B
Email Address	HWEEKIAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91597813
Alternative Phone No	Office-91597813

<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	BENZ E200 SEDAN AVANTGARDE
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

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700070927-02
Cover Note Number	

<b>Driver</b>	
Name of Driver	YEO HWEE KIAM
NRIC No	S6843846B
Date Of Birth	22/10/1968
Occupation	INDOOR
Date Of Driving Pass	01/03/2003
Driving Experience	16 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91597813
Fax Number	
Contact Number	
E-Mail Address	HWEEKIAM@GMAIL.COM
Address	117 BUKIT MERAH CENTRAL #19-3757 SINGAPORE
Postcode	150117
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	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	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)	2
Passenger 1	Name: : chia hwee hoon Gender: : Female

#### 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

#straightroad Moving straight & Moving straight SDT9996P SMG1131H WSVC20000255 Accident\_Description Both waiting to turn right from Henderson to Bt Merah Central. First vehicle(bus) drove off. Second vehicle(The third party) accelerated and I (third vehicle) followed. I checked my wing n rear mirror and next moment saw that second vehicle stopped in the middle of junction. I applied emergency brake but couldn't stop in time. Minor bump onto his bumper. Pulled to roadside n exchanged particulars.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INDS DID NOT PROVIDE AUDIO / VIDEO FOOTAGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG1131H
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Vehicle Make/Model/Colour  
Details Of Properties

Vehicle CategoryPRIVATE HIRE

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



Driving License





## Driving License



Identification Card



# Identification Card

