

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	03/02/2020 09:28
Date Of Accident	22/01/2020 08:45
Exact Location Of Accident	ALEXANDRA RD TOWARDS TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF9992M
Insured/Policyholder	
Name Of Registered Owner	YEO CHOON KIONG
NRIC No	S1670481D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97660383
Alternative Phone No	Office-93650455

Vehicle Particulars

Manufacturer	MAZDA
Model	3 1.5 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	1800077108
Cover Note Number	

Driver

Name of Driver	YEO CHOON KIONG
NRIC No	S1670481D
Date Of Birth	24/05/1964
Occupation	INDOOR
Date Of Driving Pass	09/05/2018
Driving Experience	1 YEAR AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97660383
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	359 YISHUN RING ROAD 03-1700 SINGAPORE
Postcode	760359
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	GOOD

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)	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

#straightroad Moving within lane (Side swipe including at bend) & Moving within lane (Side swipe including at bend)
 SLS8609A SGF9992M WSVC20000271 Accident_Description The driver was driving on my left lane & i was on the 2nd lane side by side each other on a slight bend road(bend toward our left). All this time i was driving within my lane when i felt a slight swipe on my left front bumper.

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number

Contact Number

Address

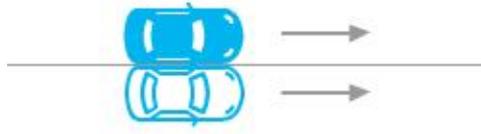
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



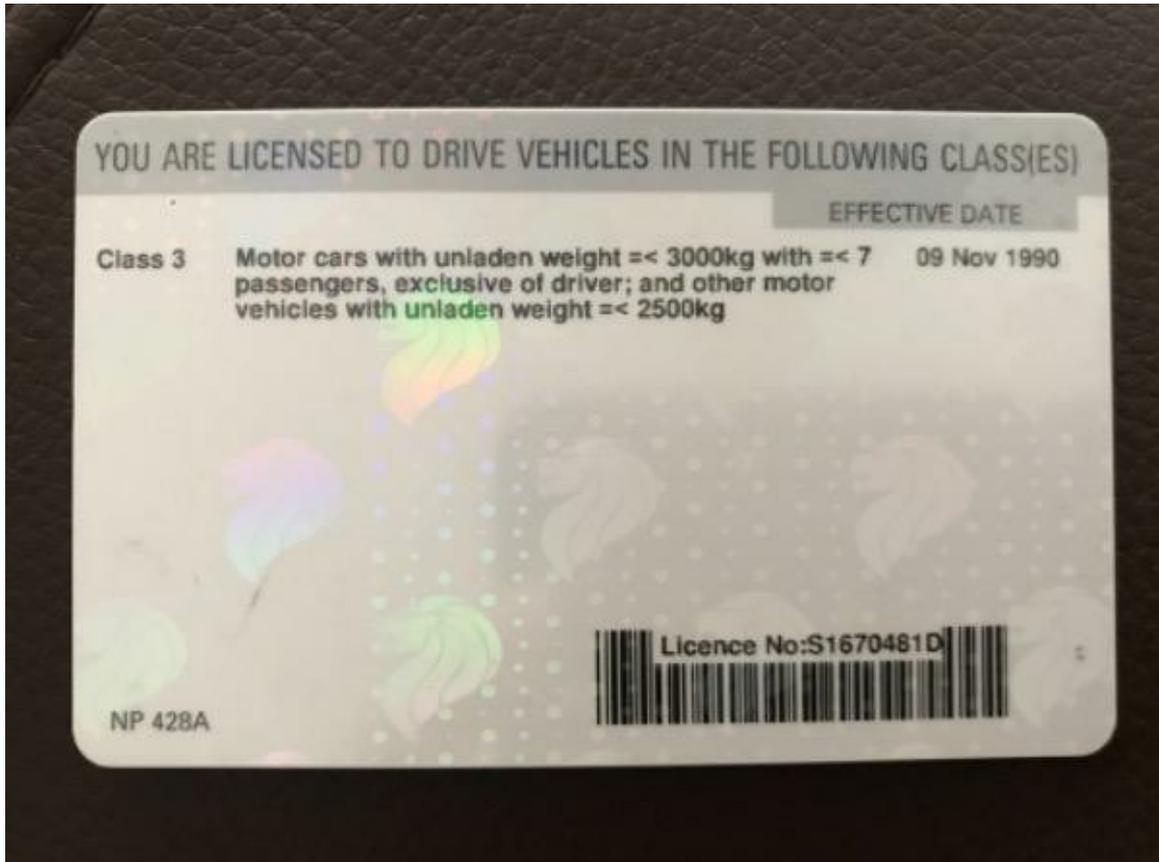
Accident Photo



Driving License



Driving License



Identification Card



Identification Card



28261366



NRIC No: **S1670481D**



Blood Group Date of issue
O+ **06-05-1996**

APT BLK 359 YISHUN RING ROAD #03-1700
SINGAPORE 760359

NRIC No: **S1670481D** Date: **19/11/2009** No: **6307450**

STATEMENT

I Yeo Choon Kiong NRIC S1620481D Car Owner of vehicle number SG7 9990M has meet accident with another car SLS 4606A Car Owner Ker Eng Ling NRIC S0286829A on 22 Jan around 7am @ Alexandra road.

I Yeo Choon Kiong NRIC S1620481D is offering a private settlement with Ker Eng Ling NRIC S0286829A. I will be paying for all the damages repair of Ker Eng Ling's car at my own replacement car will be provided during this period of repairing of Ker Eng Ling's car. Ker NRIC S0286829A has agree with this agreement. Both party was not injure during this at Eng Ling NRIC S0286829A will be doing IDAC reporting for documentary purpose.



Yeo Choon Kiong NRIC S1620481D
22 Jan 2020



Ker Eng Ling NRIC S0286829A
21 Jan 2020