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

	ACCIDENT STATEMENT
Date Of Report	14/02/2020 12:47
Date Of Accident	13/02/2020 16:30
Exact Location Of Accident	JUNCTION OF MOUNT VERNON ROAD AND BARTLEY ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SMP8955D
nsured/Policyholder	
Name Of Registered Owner	CROWE CHARLES NICHOLAS ARCHER
NRIC No	GXXXX282X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84691101
Alternative Phone No	Office-84691101
Vehicle Particulars	
Manufacturer	MAZDA
Model	CX5 2.0 SKYACTIV
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900231991
Cover Note Number	
Driver	
Name of Driver	CROWE CHARLES NICHOLAS ARCHER
NRIC No	GXXXX282X
Date Of Birth	03/12/1975

INDOOR

05/05/2016

3 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84691101

Fax Number

Contact Number

EMail Address NOEMAIL

Address 60 VERNON PARK

#02-01 SINGAPORE

Postcode 367822
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 - MAJOR/MINOR RD

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

1

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.

Number of Passengers (Including Driver)

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

Circumstances Of Accident #yJunction Accident_Scenario Turning out from a Side Road & Dide Road & Dide

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

SME7570U

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

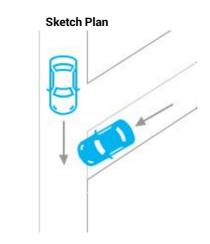
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR



Driving License



Driving License



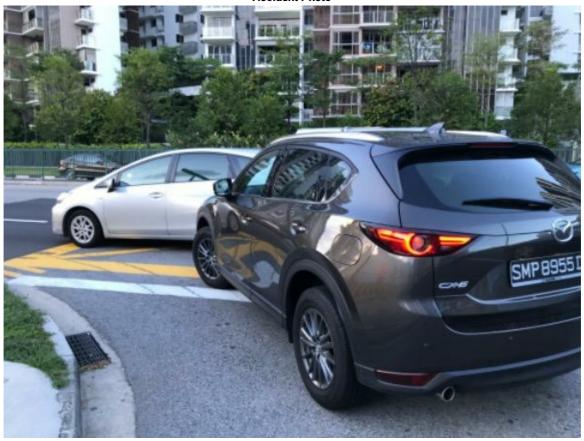
Identification Card



Identification Card



Accident Photo



Accident Photo



Accident Photo

