

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	22/02/2020 20:39
Date Of Accident	22/02/2020 16:00
Exact Location Of Accident	EXIT 2 FROM TPE FOR LOYANG AVENUE, AT SLIP ROAD TU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7803R
Insured/Policyholder	
Name Of Registered Owner	YEOH SIEW HOON
NRIC No	SXXXX352Z
Email Address	YLING88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96924989
Alternative Phone No	Office-96924989

Vehicle Particulars

Manufacturer	KIA
Model	CARENS 1.7 DIESEL EX
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	1800020292-02
Cover Note Number	

Driver

Name of Driver	YI LING KOAY
NRIC No	SXXXX827H
Date Of Birth	03/03/1988
Occupation	INDOOR
Date Of Driving Pass	30/07/2009
Driving Experience	10 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-92298264
Fax Number	
Contact Number	
E-Mail Address	YLING88@GMAIL.COM
Address	121 TANJONG RHU ROAD, TANJONG RIA CONDOMINIUM
Postcode	436914
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	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: : Dont know 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

While turning out from slip road to join the main road Vehicle A moved and braked. Vehicle B (me) had thought Vehicle A had moved off and was looking at the right for oncoming traffic and moved ahead and collided with Vehicle A.

Attachment(s)

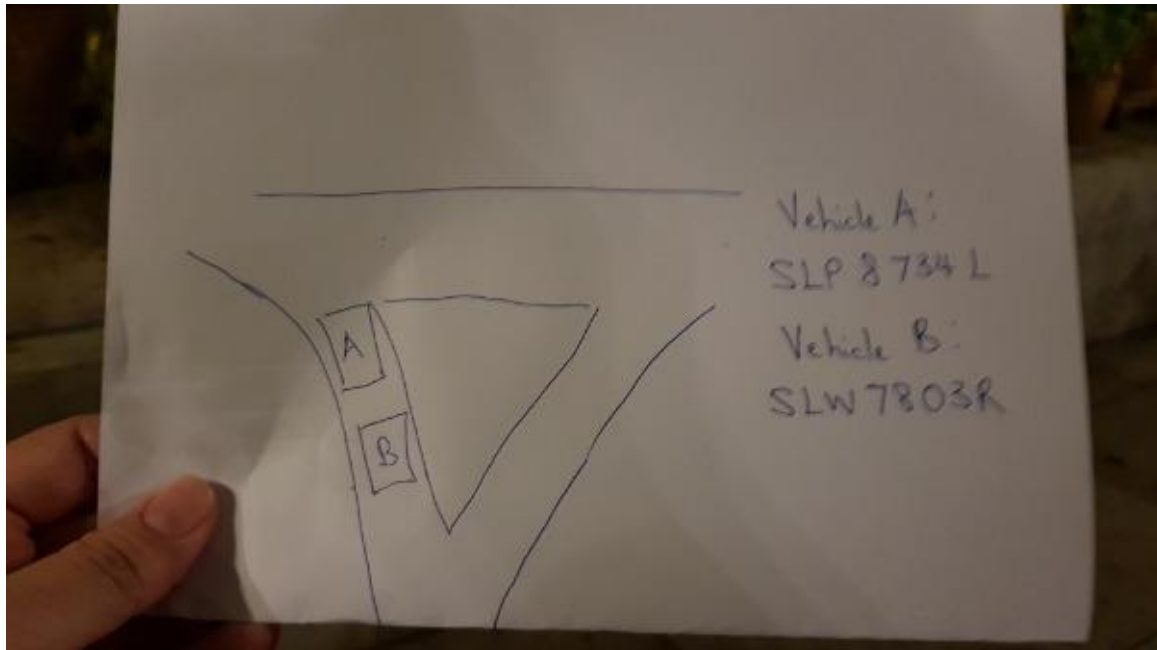
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO NOT SUBMITTED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

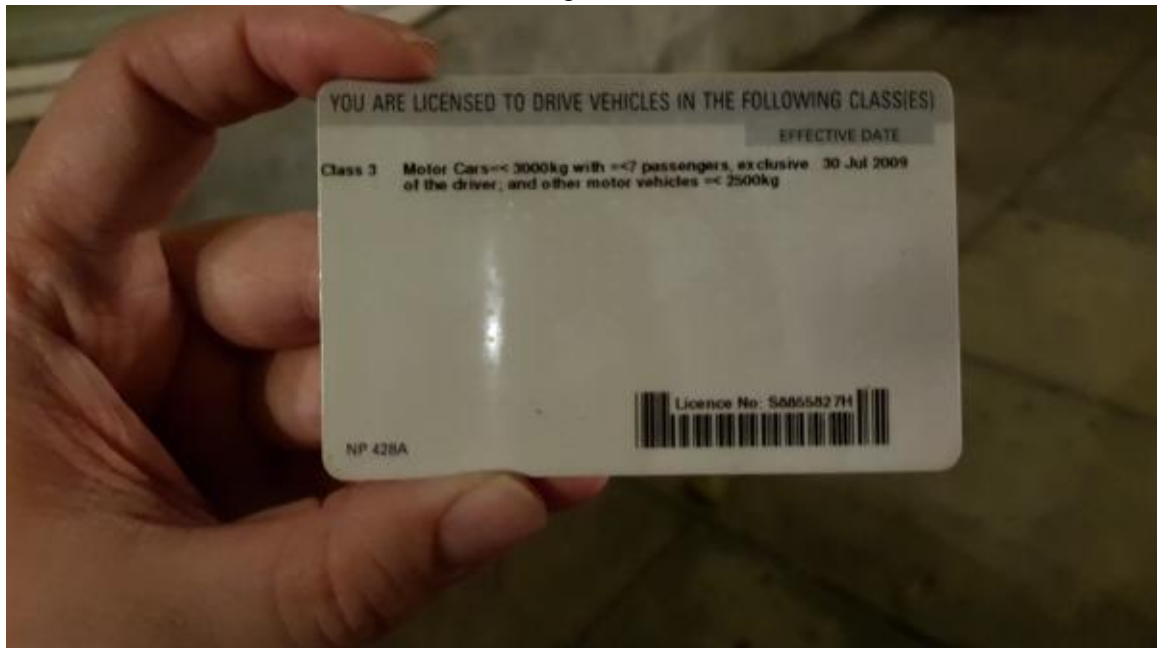
Vehicle Registration Number	SLP8734L
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



Driving License



Identification Card



Identification Card



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo

