

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	24/02/2020 23:20
Date Of Accident	23/02/2020 10:15
Exact Location Of Accident	END OF SIXTH AVENUE ROAD AND ON THE CULVERT FOR TU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK9057P
Insured/Policyholder	
Name Of Registered Owner	NG HONG KHU
NRIC No	SXXXX793G
Email Address	YS_HUANG@EXCITE.COM
Mobile Phone No	(LOCAL) +65-96390031
Alternative Phone No	Office-90360080

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5
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	2100353846-06
Cover Note Number	

Driver

Name of Driver	HUANG YAN SHOONG
NRIC No	SXXXX773G
Date Of Birth	27/10/1949
Occupation	INDOOR
Date Of Driving Pass	17/03/1979
Driving Experience	40 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-86087468
Fax Number	
Contact Number	
E-Mail Address	YS_HUANG@EXCITE.COM
Address	51 MOUNT SINAI DRIVE, RIDGEWOOD CONDOMINIUM
Postcode	277107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	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

Accident_Scenario Upload the drawing sketch plan Blue Car White Car Accident_Description I was on the culvert for turning right to Dunearn road as the traffic light was green & in my favour. While on the culvert I saw ahead of me a young girl cyclist having difficulties with her bicycle. I slowed down & she fell from her bicycle towards my left side of the car. I responded by turning the steering wheel clockwise & brake at the same time. I heard a sound and realised my car knock against the rear of an Audi.

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	SKZ6225L
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



Identification Card



Identification Card



Driving License



Driving License

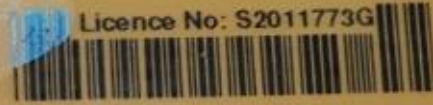
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

17 Mar 1979

Licence No: S2011773G



NP 428A

Accident Photo

