

## 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	01/03/2020 13:22
Date Of Accident	29/02/2020 10:05
Exact Location Of Accident	DUNEARN ROAD TURNING INTO ADAM ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCV1001P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHOR HIANG MRS.CHUA EU TIONG
NRIC No	SXXXX162C
Email Address	MRSETCHUA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94356282
Alternative Phone No	Office-81257084
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	BENZ E250 2.0 SEDAN EDITION E
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	2100466503-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHUA EU TIONG
NRIC No	SXXXX887I
Date Of Birth	09/09/1955
Occupation	INDOOR
Date Of Driving Pass	29/11/1977
Driving Experience	42 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-94356282
Fax Number	
Contact Number	OFFICE-81257084
EMail Address	MRSETCHUA@GMAIL.COM
Address	10 LANTANA AVENUE SINGAPORE
Postcode	277909
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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

#yJunction Moving along a Straight Lane trying to turn into the Side Road & Moving on a Turning Lane into the Side Road  
SCV1001P GBD6545K I was trying to drive into the lane leading to Adam Road when I swiped the right side towards the back of the Van. My left front side swiped the other vehicle

#### Attachment(s)

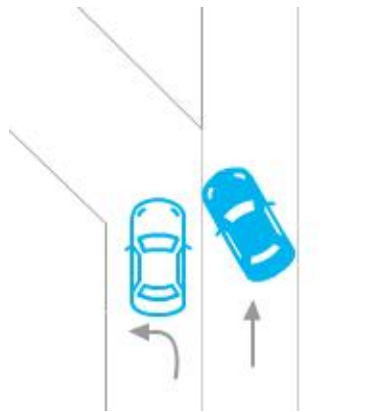
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
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

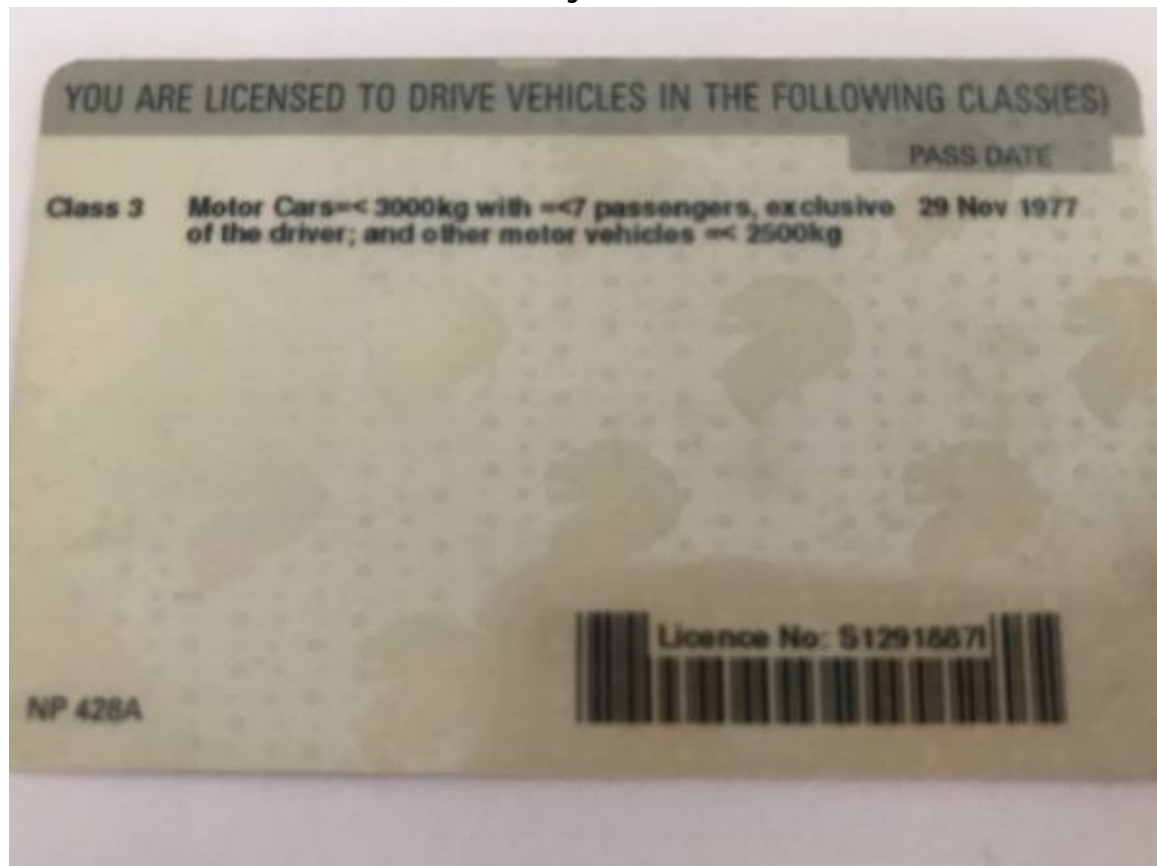




Driving License



Driving License



Identification Card

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1291887I**



Name  
**CHUA EU TIONG**

Race  
**CHINESE**

Date of birth  
**09-09-1955**

Sex  
**M**

Country of birth  
**SINGAPORE**



Identification Card

