MAHA20034483 / AIG Asia Pacific Insurance Pte. Ltd. - SG ENTRY DATE & TIME: 19/03/2020 12:19 SUBMITTED BY: Paramchand, Vashar

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 aforesaid

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/03/2020 12:19
Date Of Accident	18/03/2020 11:40
Exact Location Of Accident	SYED ALWI ROAD SINGAPORE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG8987P
Insured/Policyholder	
Name Of Registered Owner	JEI FONG ENGINEERING PTE LTD
Co Reg No	200616054D
Email Address	GENERAL@JEIFONG.COM.SG
Mobile Phone No	(LOCAL) +65-92397189
Alternative Phone No	Office-96757379
Vehicle Particulars	
Manufacturer	NISSAN
Model	NEW CABSTAR
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800051809-01
Cover Note Number	
Driver	
Name of Driver	TAN KIAN HOE
NRIC No	S1287305J
Date Of Birth	08/12/1958

INDOOR

08/11/2006

13 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96757379

Fax Number

Contact Number

EMail Address GENERAL@JEIFONG.COM.SG

Address BLK 629 HOUGANG AVENUE 8, #02-74

Postcode

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 DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

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?

NO

NO

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

#straightroad Moving out from Stationary/ Parked position & Samp; Overtaking to turn into another lane SMC1660T GBG8987P WSVC20000570 Accident_Description both car rushed to occupy a vacant parking lot

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 SMC1660T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

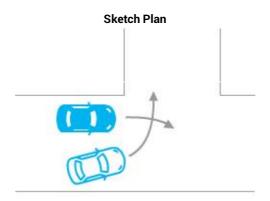
Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



Accident Photo



Accident Photo

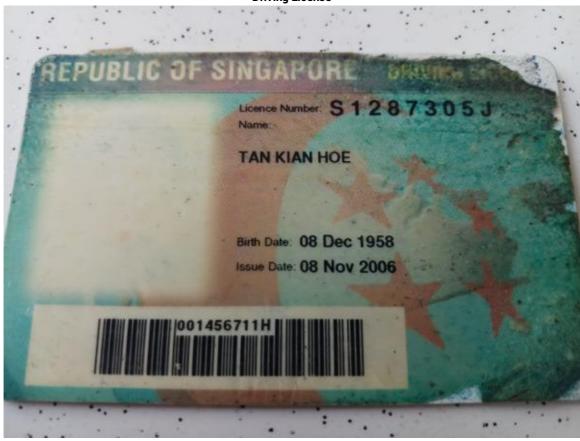




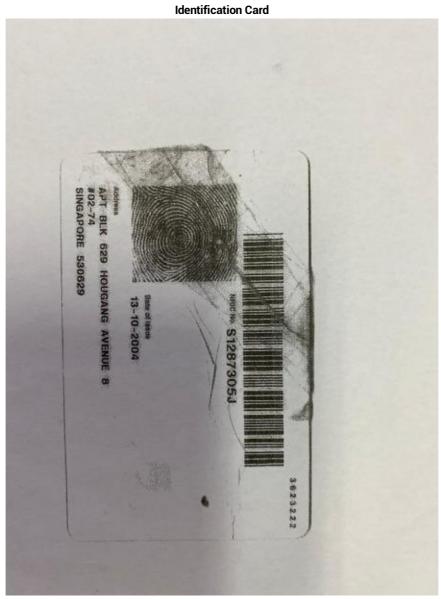
Accident Photo



Driving License







Identification Card

