SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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	26/03/2020 20:39
Date Of Accident	26/03/2020 13:30
Exact Location Of Accident	JUST PASSED THE JUNCTION OF STILL ROAD SOUTH AND M
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC7295Z
Insured/Policyholder	
Name Of Registered Owner	MUI RAP WAI
NRIC No	S7670570D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91010718
Alternative Phone No	Office-91139314
Vehicle Particulars	
Manufacturer	BMW
Model	535 3.0 [SEDAN]
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	2100274774-08
Cover Note Number	
Driver	
Name of Driver	MUI RAP WAI
NRIC No	S7670570D
Date Of Birth	05/10/1976
Occupation	INDOOR

22/05/1995

24 YEARS AND 10 MONTHS

Gender **MALE**

(LOCAL) +65-91010718 Mobile Number

Fax Number

Contact Number

EMail Address NOEMAIL

532 JOO CHIAT ROAD Address

10-01 SINGAPORE

Postcode 427711 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 - 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

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) 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

Circumstances Of Accident #straightroad Accident_Scenario Moving straight & Moving straight Blue Car SKC7295Z White Car SLF9358K Accident_Description Both vehicles are at stationary position. SLF9358K moved off when the car ahead move off. I followed and move off. Another car suddenly cut in front of SLF9358K and he jammed his brake abruptly. I couldn't stop in time and collided with SLF9358K.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF9358K

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

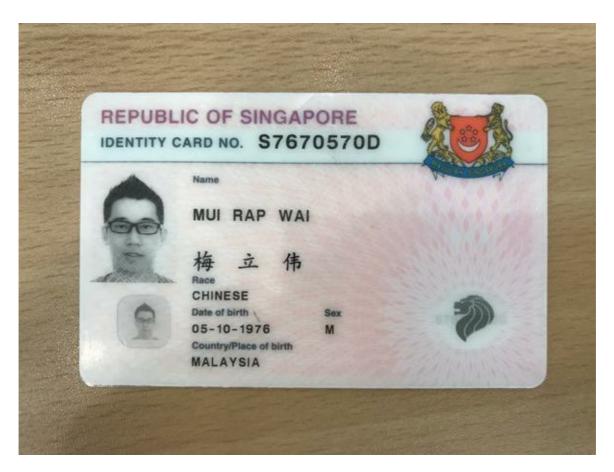
No. Of Passenger (Including Driver)



Driving License



Identification Card





Driving License

