# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/04/2020 08:16

## 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

	ACCIDENT STATEMENT
Date Of Report	06/04/2020 17:17
Date Of Accident	03/04/2020 11:50
Exact Location Of Accident	BEFORE TRAFFIC JUNCTION TOWARDS JURONG WEST ST 64
Country/State of Loss	SINGAPORE
Country/State of Loss	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC5043Z
•	SIVIC 5045Z
Insured/Policyholder	
Name Of Registered Owner	SYLVIA JENN CHUA GUEK CHENG (CAI YUEQING)
NRIC No	S7212405G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91515119
Alternative Phone No	Office-91515119
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER 2.0I-L
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
f 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	1800078309-01
Cover Note Number	
Driver	
Name of Driver	SYLVIA JENN CHUA GUEK CHENG (CAI YUEQING)
NRIC No	S7212405G
Date Of Birth	10/04/1972
	INDOOR
Occupation	INDUCATO

**INDOOR** 

08/04/1994

25 YEARS AND 11 MONTHS

Gender **FEMALE** 

(LOCAL) +65-91515119 Mobile Number

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

685A CHOA CHU KANG CRESCENT Address

#07-282 SINGAPORE

Postcode 681685 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** 

2

NO

NO

NO

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

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver) 1

# **Details of Police Action**

Was the accident reported to the police?

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 & Smp; Moving straight Blue Car SMC5043Z White Car SMA9134D Accident\_Description Driving forward during light turn green front car stop due to junction infront has car quing into carpark to jurong shopping centre before yellow box at junction.

#### 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?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMA9134D

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)



**Identification Card** 



**Identification Card** 



**Driving License** 



**Driving License** 















