

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	14/04/2020 15:42
Date Of Accident	13/04/2020 11:30
Exact Location Of Accident	TUAS SOUTH AVENUE 4 AFTER TUAS SOUTH AVENUE 7 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4386L
Insured/Policyholder	
Name Of Registered Owner	HONG SEH MOTORS PTE LTD
Co Reg No	1XXXXX320D
Email Address	FOI@TAIYOJACK.COM
Mobile Phone No	(LOCAL) +65-88794923
Alternative Phone No	OFFICE-88794923

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.5 ELEGANCE MOONROOF (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	999993916/100880085-00000
Cover Note Number	

Driver

Name of Driver	OI FUKUICHI
Passport No/FIN	FXXXX288R
Date Of Birth	13/02/1991
Occupation	INDOOR
Date Of Driving Pass	16/06/2009
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88794923
Fax Number	
Contact Number	OTHERS-88794923
E Mail Address	FOI@TAIYOJACK.COM

Address	10, FOUTH LOK YANG
Postcode	629707
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

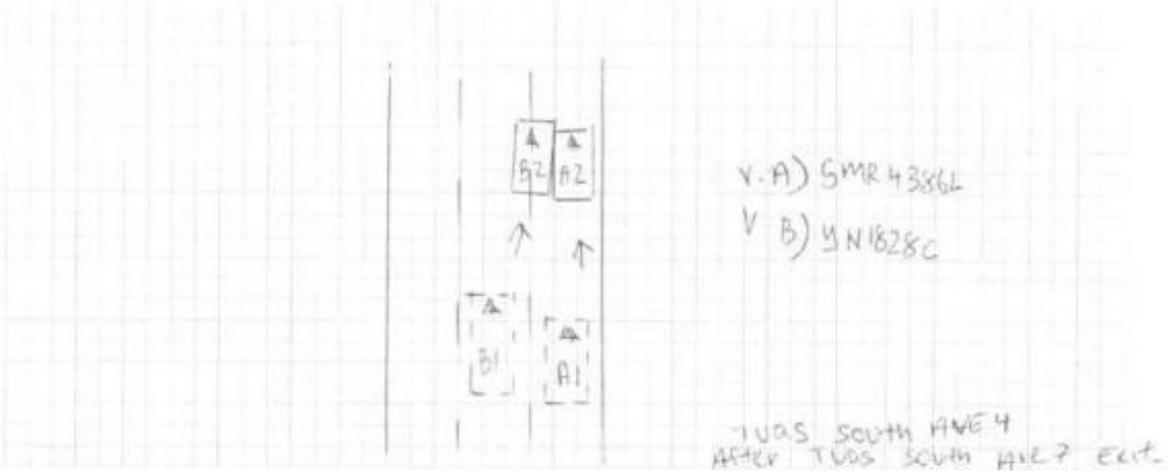
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN1828C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SMR4386L was travelling on the stated venue. I was travelling straight in my lane. Suddenly vehicle 'B' from lane 2 encroach into my lane. I immediately horn and brake my vehicle, however vehicle 'B' did not stop at all and collided against my vehicle side. I wish to state that I was going straight and vehicle 'B' did not signal at all before changing lane.

DECLARATION

I/We declare that the above particulars are true in every respect.

Policyholder's Signature
 Date & Time:



大井 信一

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

14/04/2020
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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