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	20/04/2020 12:27
Date Of Accident	17/04/2020 16:45
Exact Location Of Accident	CHOA CHU KANG DRIVE, TRAFFIC JUNCTION, FLYOVER KJE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SKC2410R
Insured/Policyholder	
Name Of Registered Owner	GOH SOON HOE (WU SHUNHE)
NRIC No	S7342702I
Email Address	GOH_SOON_HOE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93661353
Alternative Phone No	Office-93661353
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100421013-03
Cover Note Number	
Driver	
Name of Driver	CHUA SIOK KHENG
NRIC No	S7729814B
Date Of Birth	24/10/1977

INDOOR

12/05/1997

22 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93661353

Fax Number

Contact Number OFFICE-93661353

EMail Address GOH_SOON_HOE@YAHOO.COM

Address 7 JURONG LAKE LINK

LAKEVILLE #11-29 SINGAPORE

Postcode 648163
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

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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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

#straightroad Moving straight & Moving straight SKC2410R SMS2094L WSVC20000709 Accident_Description This happened at a traffic junction where the traffic light was red. I was slowing down to almost a halt for a few seconds and the front of my car bumped into the back of the car. After the accident we checked that both parties were unhurt exchanged particulars and left.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMS2094L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

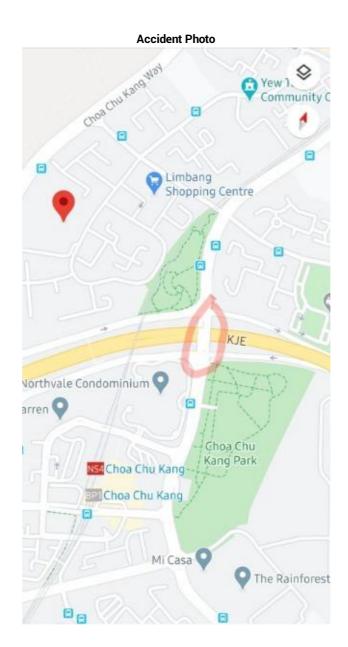


Accident Photo



Accident Photo

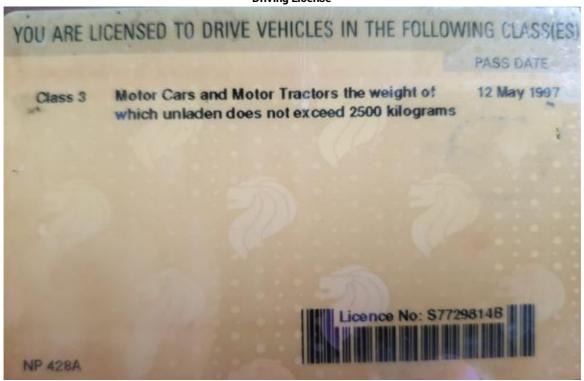




Driving License



Driving License



Identification Card



Identification Card

