# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/06/2020 16:49

#### 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.	
	ACCIDENT STATEMENT
Date Of Report	17/06/2020 12:21
Date Of Accident	06/04/2020 12:00
Exact Location Of Accident	PIE TOWARD CHANGI NEAR KPE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SML1343L
Insured/Policyholder	
Name Of Registered Owner	TAN SEW BOOI
NRIC No	S6976800H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91262929
Alternative Phone No	Others-91262929
Vehicle Particulars	
Manufacturer	HONDA
Model	HRV
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	1900101182
Cover Note Number	
Driver	
Name of Driver	TAN SEW BOOI
NRIC No	S6976800H
Date Of Birth	23/08/1969

**INDOOR** 

08/12/2003

16 YEARS AND 3 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-91262929

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

102A PUNGGOL FIELD Address

03-442 SINGAPORE

Postcode 821102 Was driver an employee of the Insured's Company NO

Vehicle Registration Number of Driver's Own

If No, Relationship of the Driver with the Insured

Vehicle

Insurance Company of Driver's Own Vehicle

**OWNER** 

**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

1

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)

**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** 

#straightroad Moving straight & Moving straight SML1343L SLQ3172K WSVC20000946 Accident\_Description Traffic was a bit jam and the car in front (SLQ3172K) suddenly break and I unable to stop in time

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: INSD DID NOT PROVIDE VIDEO FOOTAGE

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLQ3172K

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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**

