

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	08/05/2020 13:00
Date Of Accident	07/05/2020 11:20
Exact Location Of Accident	AYE EXIT 3 LEFT FILTER TO LOWER DELTA FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE2221D
Insured/Policyholder	
Name Of Registered Owner	GOH TECK SOON
NRIC No	S0669199D
Email Address	CONTACTSYY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96190893
Alternative Phone No	Office-96234065

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ CLS400 CGI COUPE
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	2100442726-03
Cover Note Number	

Driver

Name of Driver	WU YUYANG
NRIC No	S8114360I
Date Of Birth	15/05/1981
Occupation	INDOOR
Date Of Driving Pass	14/01/2000
Driving Experience	20 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96234065
Fax Number	
Contact Number	
E-Mail Address	CONTACTSYY@GMAIL.COM
Address	12 WOODLEIGH CLOSE, BLOSSOMS @ WOODLEIGH
Postcode	357907
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	SKL2221Y
	-
	-
Insurance Company of Driver's Own Vehicle	AIG Asia Pacific Insurance Pte. Ltd.
	-
	-

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
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : ted goh zheng ze Gender: : Male

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

WSVC20000763 Accident_Description Exiting the filter road to main road of lower delta flyover. when both vehicle slowdown. X vehicle brake and slowdown while approaching the main road. the main road was clear and X vehicle release brake and accelerate and suddenly brake again. where i knock at the back of X.

Attachment(s)

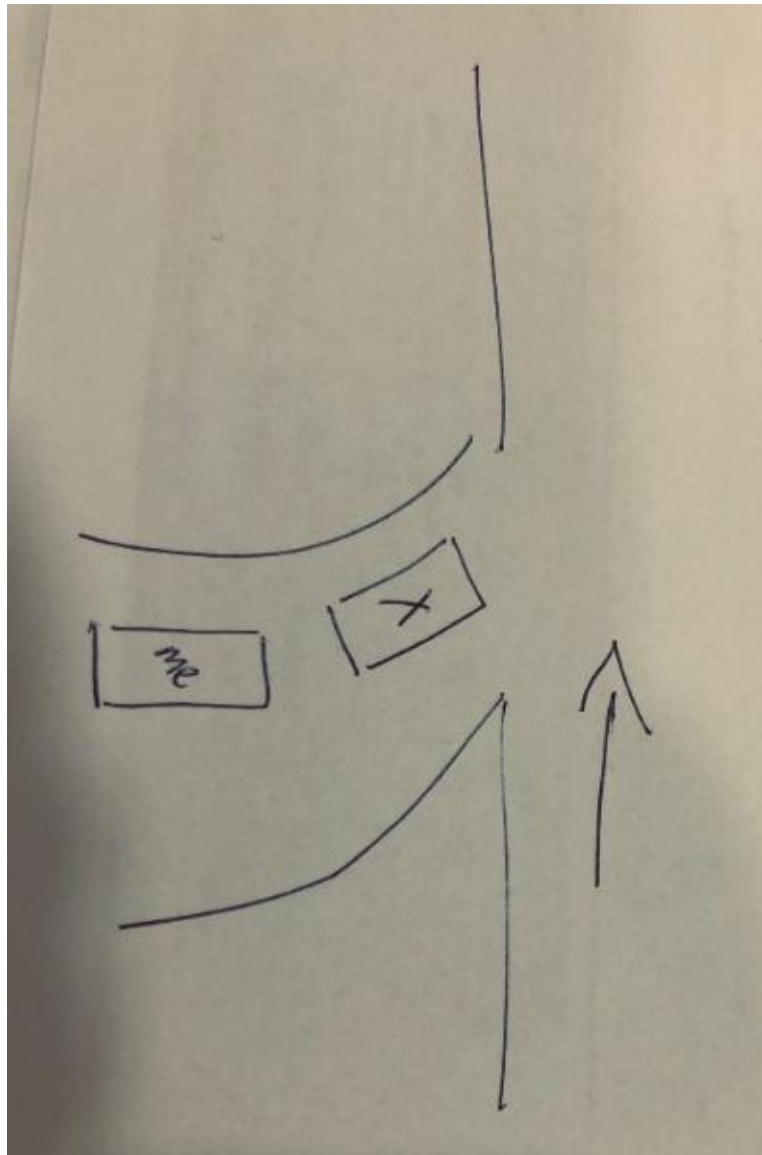
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INSD DID NOT PROVIDE VIDEO FOOTAGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY7878Z
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



Accident Photo



Driving License



Driving License



Identification Card



Identification Card

