#### 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 truthful and accurate 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	23/06/2020 11:18
Date Of Accident	22/06/2020 18:15
Exact Location Of Accident	BUKIT PANJANG ROAD (ALONG BLK 184 HDB JELEBU TOWAR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLU1145G
Insured/Policyholder	52617.155
Name Of Registered Owner	CHENG SING CHIEK, DAVID
NRIC No	\$7815470E
Email Address	GIGGSYCHENG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98238521
Alternative Phone No	Others-98247388
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.4 TFSI S TRONIC
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.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700078343-02
Cover Note Number	
Driver	
Name of Driver	CHENG SING CHIEK, DAVID
NRIC No	S7815470E
Date Of Birth	03/06/1978

**INDOOR** 

05/07/2017

2 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98238521

Fax Number

**Contact Number** 

EMail Address GIGGSYCHENG@YAHOO.COM

Address 635A SENJA ROAD

31-247 SINGAPORE

Postcode 671635
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 Weather Conditions CLOUDY & DRIZZLING

Road Surface WET

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) 3

Passenger 1 Name: : TOH LI XIAN

Gender: : Female

Passenger 2 Name: : MICHAEL CHENG

Gender: : Male

**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 SLU1145G SLE9223X WSVC20000974 Accident\_Description It was a straight road and the front vehicles were moving off. The front car (SLE9223X) also moved off. I followed by picking up speed. Due to the relatively heavy traffic SLE9223X slowed down right after it moved off. I applied emergency braking but still collided into his rear.

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

SLE9223X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE HIRE

### **Sketch Plan**



### **Accident Photo**



# **Accident Photo**



# **Accident Photo**

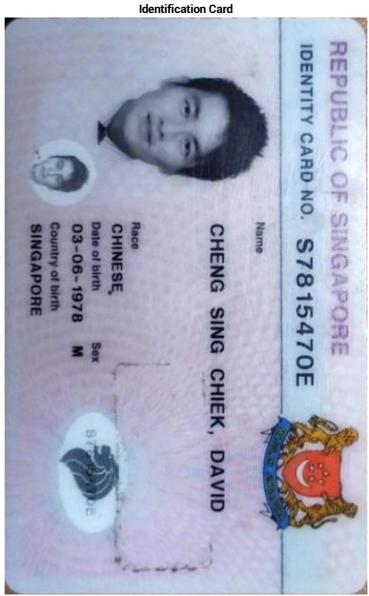








**Driving License** YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) NP 428A Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg EFFECTIVE DATE 05 Jul 2017





**Driving License** 



**Driving License** 

