

## 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	30/06/2020 10:59
Date Of Accident	29/06/2020 20:35
Exact Location Of Accident	WOODLANDS AVE 3 (BEFORE JUNCTION OF WOODLANDS STRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4873L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE NYUK LAN
NRIC No	S2008375A
Email Address	CYNTHIALEE666@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97330635
Alternative Phone No	Office-97330635

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-TURBO
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	1800067417-02
Cover Note Number	

### Driver

Name of Driver	LEE NYUK LAN
NRIC No	S2008375A
Date Of Birth	21/09/1954
Occupation	INDOOR
Date Of Driving Pass	05/04/2011
Driving Experience	9 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97330635
Fax Number	
Contact Number	
E-Mail Address	CYNTHIALEE666@HOTMAIL.COM
Address	666 CHOA CHU KANG CRESCENT #11-321 SINGAPORE
Postcode	680666
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	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)	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

#straightroad Moving straight & Moving straight SMA4873L SLF7840Y WSVC20001020 Accident\_Description Car in front was stopped at red light junction. My car was coming to a stop behind. Just before coming to a complete stop my car came into slight contact with the back of the other car which was stationary. No damage was sighted on both cars.

#### 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 RECORDING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF7840Y
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)

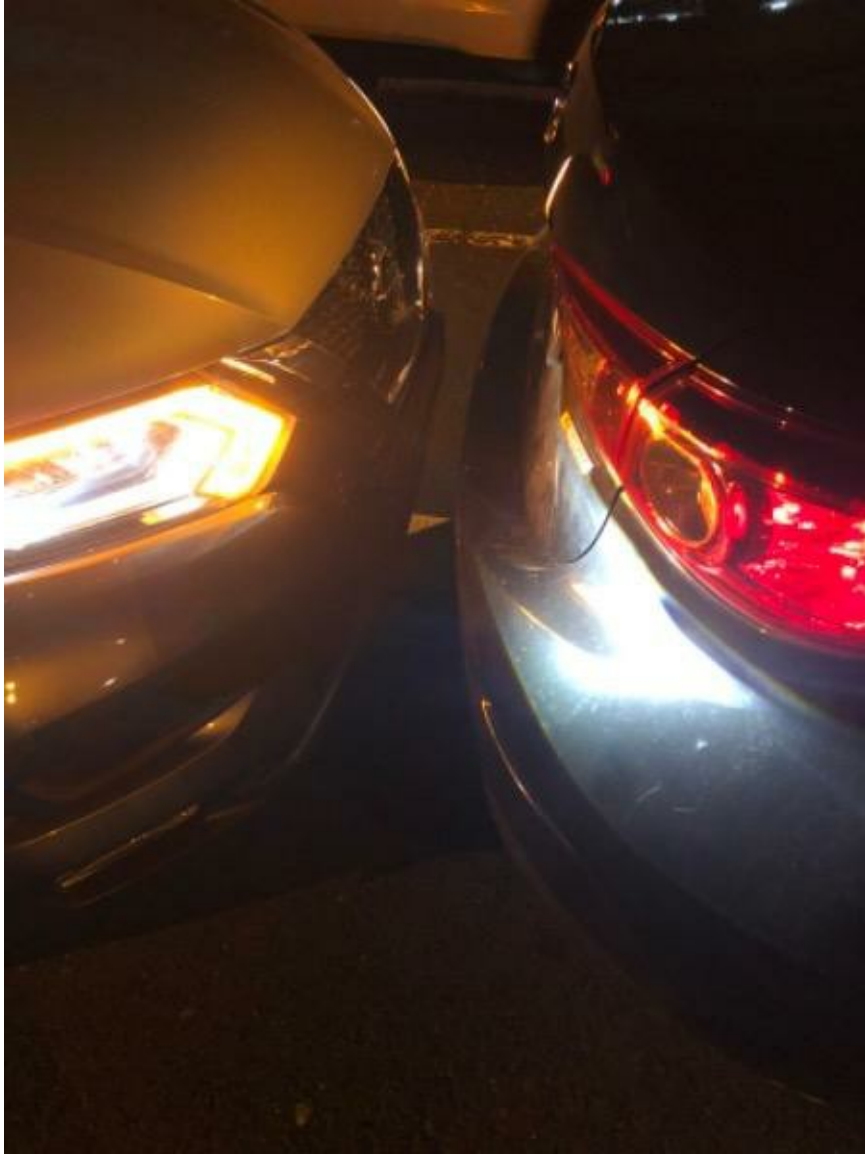
## Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo





## Driving License



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

**Class 06 Motor cycles without clutch pedals (Motorcycles) - 06-07-08**

**with up to 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals - 09-10-11**

**Expiry Date: 01 Apr 2011**

**Licence No. 10010491A**

**NT 1001**

Table 18. Motor cars without church points (Hites) = 20000  
with = 7 passengers, inclusive of the driver; and  
other motor vehicles without church points = 20000

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685-0194

Customer Service: 1-800-828-5882

# Identification Card



# Identification Card

