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 19:45
Date Of Accident	23/06/2020 08:00
Exact Location Of Accident	FILTER LANE FROM STEVEN ROAD TO SCOTTS ROAD HEADIN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX2044S
Insured/Policyholder	
Name Of Registered Owner	KOH GEOK LIEN JOYCE (GAO YULIAN)
NRIC No	S7523233J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82280289
Alternative Phone No	Office-91457794
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED)
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	1800028854-02
Cover Note Number	
Driver	
Name of Driver	KOH GEOK LIEN JOYCE (GAO YULIAN)
NRIC No	S7523233J
Date Of Birth	11/08/1975

INDOOR

09/02/2004

16 YEARS AND 4 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-82280289

Fax Number

Contact Number

EMail Address NOEMAIL

426 BUKIT BATOK WEST AVENUE 2 Address

#10-123 SINGAPORE

Postcode 650426

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**

2

NO

NO

NO

1

NO

NO

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

#others Upload the drawing sketch plan Both Vehicles were at the Stevens road junction entering to Scotts road on the left. It was heavy rain and the road was wet. Vehicle A saw vehicle B starting to move off as Scotts road was clear. However vehicle B did not move off vehicle A stepped on the emergency brake to avoid colliding into Vehicle B.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMQ2585Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver

NRIC/Passport Number

Contact Number

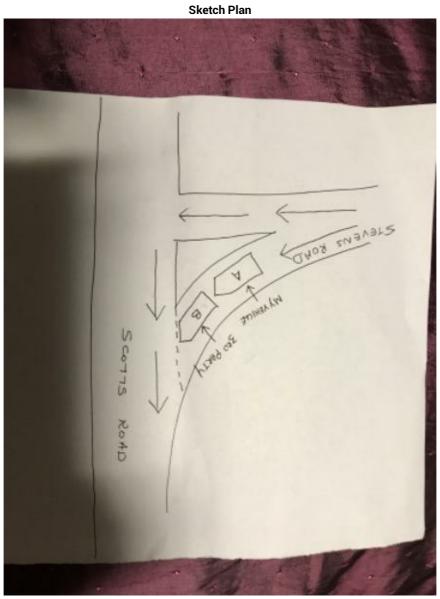
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

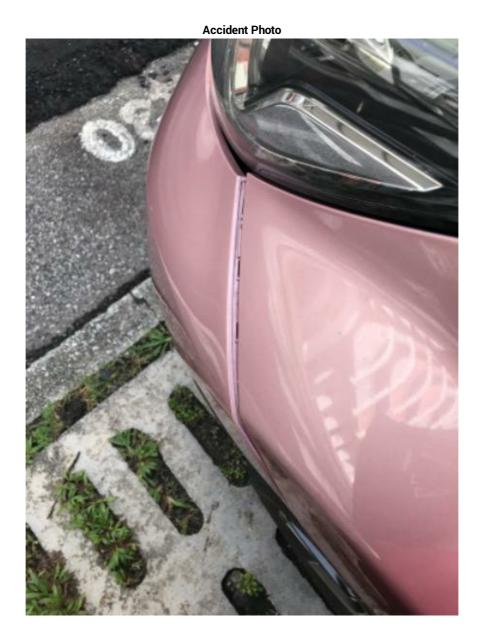


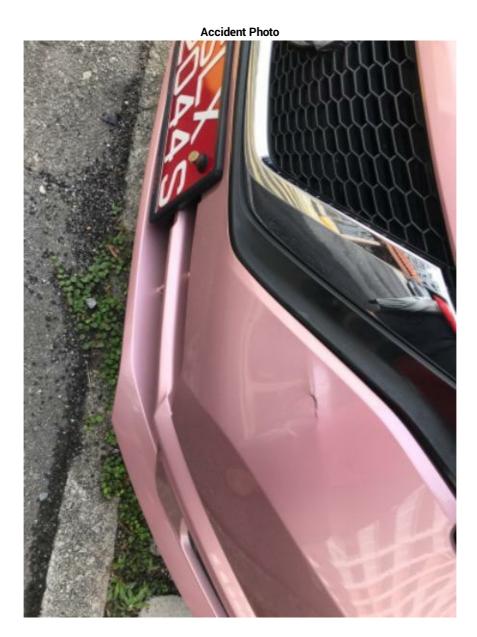
Accident Photo



Accident Photo



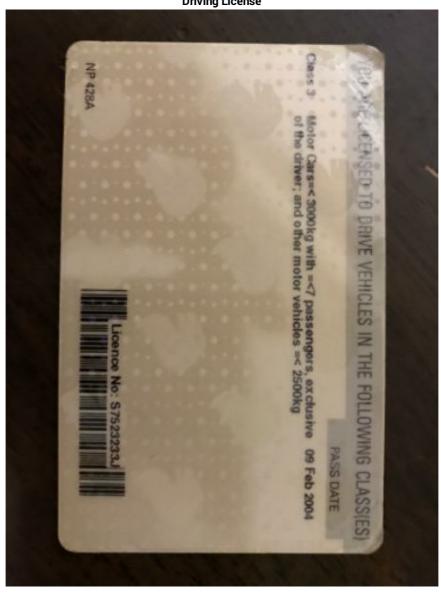




Driving License



Driving License



Identification Card

