

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	07/07/2020 12:31
Date Of Accident	06/07/2020 18:40
Exact Location Of Accident	STEVEN'S ROAD NEAR TANGLIN CLUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC8601T
Insured/Policyholder	
Name Of Registered Owner	WANG YINGRU
NRIC No	S8632756B
Email Address	INKRULE@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-91851617
Alternative Phone No	Others-82288287

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	1800088174-02
Cover Note Number	

Driver

Name of Driver	KWOK HUEN CHI CANDY
NRIC No	S8571766I
Date Of Birth	06/10/1985
Occupation	INDOOR
Date Of Driving Pass	11/03/2015
Driving Experience	5 YEARS AND 3 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91851617
Fax Number	
Contact Number	OTHERS-82288287
E-Mail Address	INKRULE@HOTMAIL.SG
Address	119D KIM TIAN ROAD, #20-204 SINGAPORE
Postcode	164119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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

WSVC20001051 Accident_Description Traffic light turned green. Vehicle 1 number plate unknown moved off. Vehicle 2 SHC7243J followed but suddenly without any reason jammed his brakes. Vehicle 3 SMC8601T slammed the brakes witnessing this but could not manage to stop in time and lightly touched Vehicle 2 SHC7243J. Vehicle 2 SHC7243J initially refused to exchange information or move the vehicle to take photos of any damage that might have incurred insisting on claiming from insurance he also claimed his upper boot is dented which was at no point any part of the collision. My wife then forced him to move his car to document any evidences and found no damages. She managed to get his NRIC but he refused to leave his phone number.

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
Was there any audio recorded?	NO

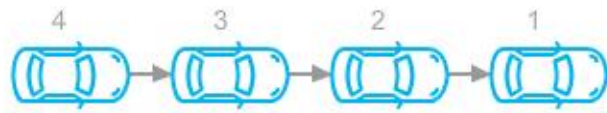
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7243J
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

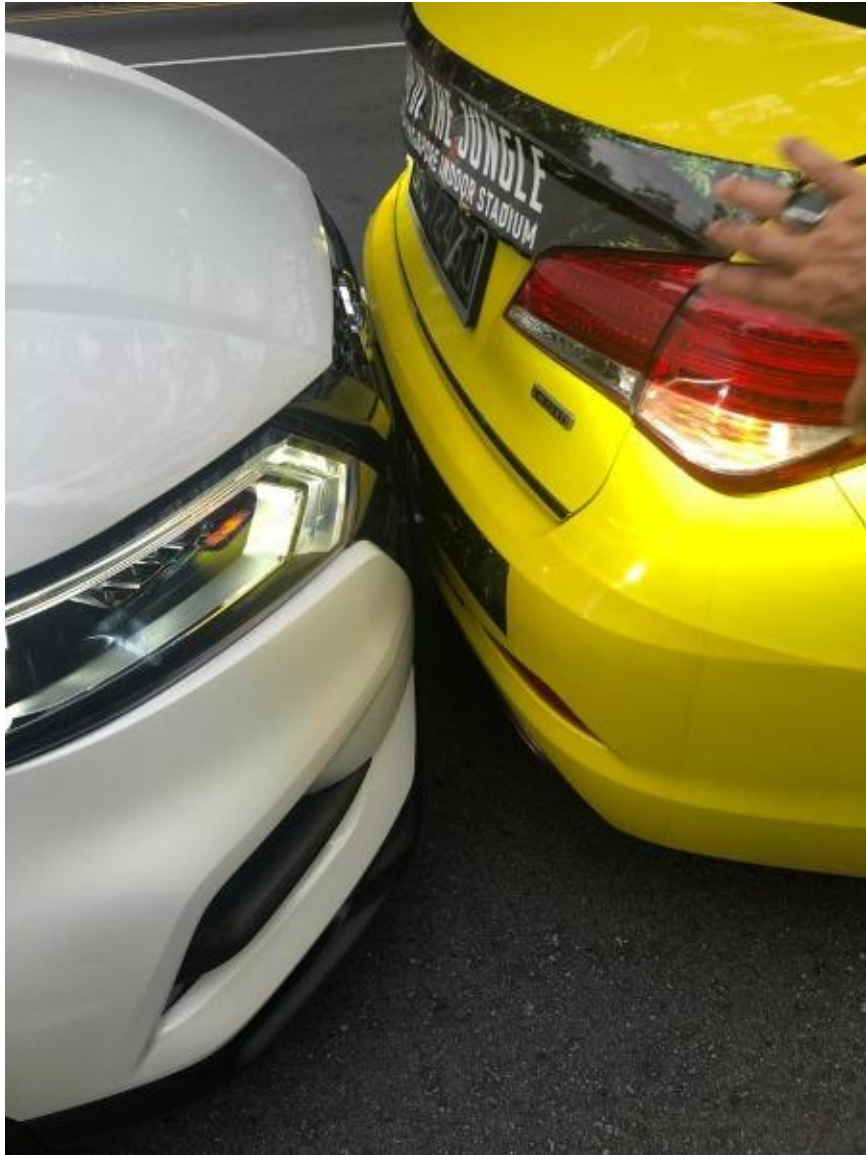
Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



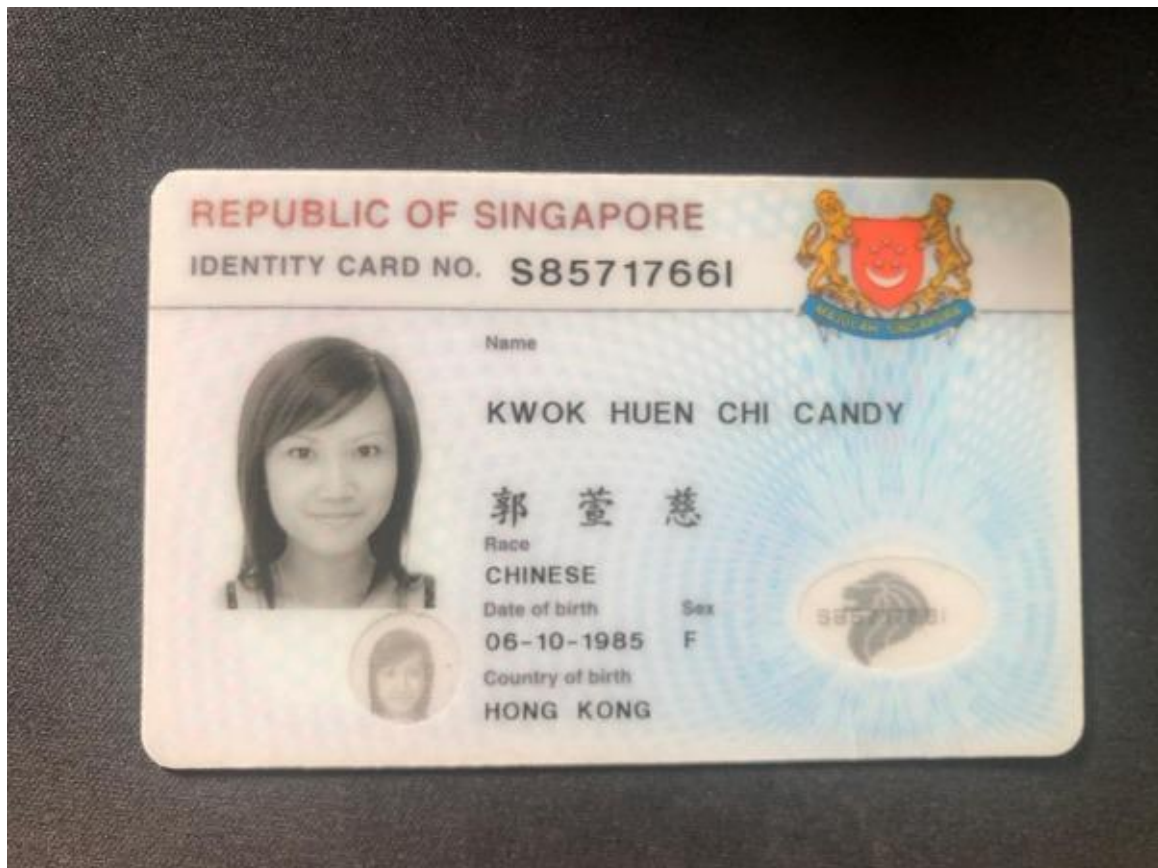
Driving License



Driving License



Identification Card



Identification Card

