Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/07/2020 17:33

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 <u>truthful and accurate</u> 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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/07/2020 15:51
Date Of Accident	13/07/2020 16:50
Exact Location Of Accident	JUNCTION BETWEEN ROCHOR ROAD & BEACH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB9702P
Insured/Policyholder	
Name Of Registered Owner	MODERN AUTOMATION AND ENGINEERING PTE LTD
Co Reg No	199002746N
Email Address	JEFFREYLIM_56@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-64516315
Alternative Phone No	Office-96602267
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV 200
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100235119-09
Cover Note Number	
Driver	
Name of Driver	JEFFREY LIM MENG WAY
NRIC No	S7815011D
Date Of Birth	29/05/1978

INDOOR

30/07/2003

16 YEARS AND 11 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-96602267

Fax Number

Contact Number

EMail Address JEFFREYLIM_56@YAHOO.COM.SG

BLK 763 WOODLANDS AVE 6 Address

#03-66

Postcode

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

2

NO

General Information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR**

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? 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) 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 & mp; Moving straight GBB9702P SMQ4121P WSVC20001100 Accident_Description Its a down slope when the traffic light turn green both vehicles start to move suddenly SMQ4121P jam break GBB9702P cannot stop in time.

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 SMQ4121P

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)

Sketch Plan







Accident Photo



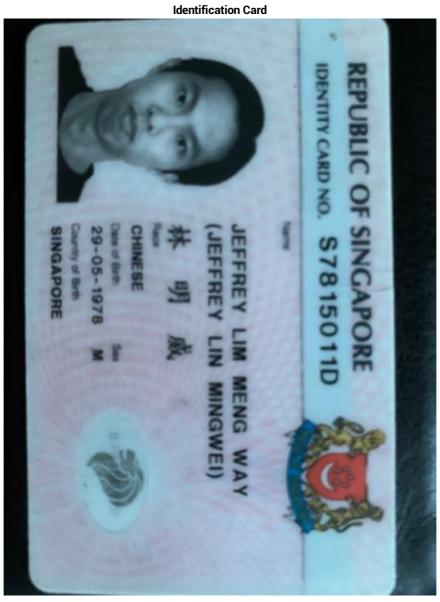




Driving License







Identification Card

