### 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

aforesaid.  ACCIDENT STATEMENT	
Date Of Report	30/07/2020 14:18
Date Of Accident	29/07/2020 18:10
Exact Location Of Accident	SELETAR WEST LINK FILTER LANE TOWARDS YISHUN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG675S
Insured/Policyholder	
Name Of Registered Owner	NINE ACE VENTURE PTE. LTD.
Co Reg No	201621281Z
Email Address	SOOZEEAIDIL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	Office-87749251
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN
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
f 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	2070006967
Cover Note Number	
Driver	
Name of Driver	SUZIANI BINTE SUHAIMI
NRIC No	S8107509C
Date Of Birth	15/03/1981

**INDOOR** 

21/02/2009

11 YEARS AND 5 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-87749251

Fax Number

**Contact Number** 

**EMail Address** SOOZEEAIDIL@GMAIL.COM

435A FERNVALE ROAD Address

#04-208

Postcode 791435 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 SIDE SWIPE **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

2

NO

1

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)

### **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**

WSVC20001188 Accident\_Description I was driving along seletar west link going to yishun. There was alot of car going the same direction. 2 lanes going to filter left towards yishun. as i was approaching the filter i kept left without noticing the taxi was beside cause when i look left the taxi was behind.

## 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 **SHC5808T** 

Vehicle Make/Model/Colour

**Details Of Properties** 

**TAXI** Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

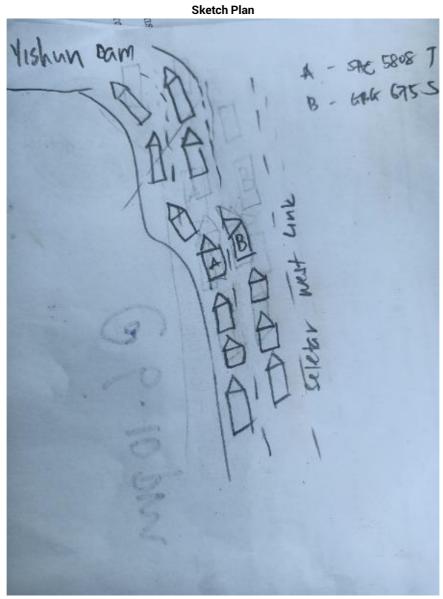
Address

Postcode

Insurance Company Name

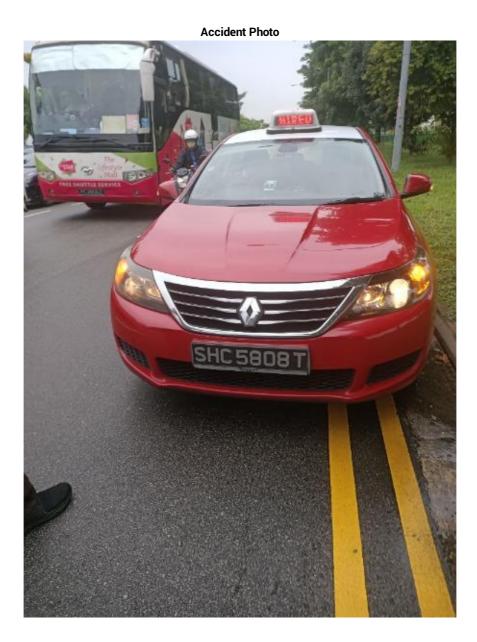
Nature Of Damage

No. Of Passenger (Including Driver)



# Accident Photo





**Driving License** 



**Driving License** 



## **Identification Card**



## **Identification Card**

