

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 07/08/2020 14:12
Date Of Accident 06/08/2020 16:00
Exact Location Of Accident SEMBAWANG WAY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC6022H
Insured/Policyholder
Name Of Registered Owner THAI SING FOODSTUFFS INDUSTRY PTE LTD
Co Reg No 1XXXXX800G
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No Office-67552166
Vehicle Particulars
Manufacturer NISSAN
Model URVAN-3.0 5MT ABS AB 5DR LWB PANEL (A)
Exact Purpose for which vehicle was being used at time of accident COMPANY USE
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken THIRD PARTY
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 2100335538-07
Cover Note Number
Driver
Name of Driver LU YUTING
NRIC No SXXXXX552D
Date Of Birth 12/12/1986
Occupation OUTDOOR
Date Of Driving Pass 22/08/2017
Driving Experience 2 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-86989473
Fax Number
Contact Number
Email Address MARTINSHIMINLU911@GMAIL.COM
Address BLK 269A YISHUN STREET 22 #07-527
Postcode 761269

Driver an employee of the Insured's Company	YES
No, Relationship of the Driver with the Insured	-
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?	NO
Was any other material or property damaged?	YES
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

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

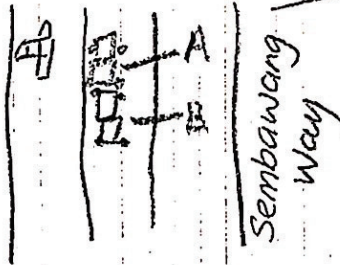
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD2753S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM WEI CHONG
NRIC/Passport Number	SXXXX463J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

A - GBC 6022H

B - XD 2753S

Sembawang crescent.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened on 06/08/2020 at around 4pm.

I was driving my van along Sembawang Way and I stopped my van at the traffic light junction.

Suddenly felt an impact from behind, a truck XD 2753S hit onto the back of my van. No one was injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: