Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 25/08/2020 16:13

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

	ACCIDENT STATEMENT
Date Of Report	25/08/2020 14:27
Date Of Accident	22/08/2020 02:10
Exact Location Of Accident	TAMPINES ST 41 (T-JUNCTION)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ2509E
Insured/Policyholder	
Name Of Registered Owner	CHEN XIN YOU
NRIC No	S8337156J
Email Address	TIAM_XI_YOU@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97701335
Alternative Phone No	Others-97701335
Vehicle Particulars	
Manufacturer	MAZDA
Model	3 1.5 SKYACTIV
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	2100510505-03
Cover Note Number	
Driver	
Name of Driver	CHEN XIN YOU
NRIC No	S8337156J
Date Of Birth	14/11/1983
Occupation	INDOOD

INDOOR

28/11/2006

13 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97701335

Fax Number

Contact Number OTHERS-97701335

EMail Address TIAM_XI_YOU@HOTMAIL.COM

Address 336 TAMPINES STREET 32

#10-478 SINGAPORE

Postcode 520336 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 - CHANGE/CROSS LANE

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

NO

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : UNKNOWN

Gender: : Male

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 & Moving straight SLQ2509E SHC3879B WSVC20001329 Accident_Description I was not aware that the taxi braked and collided into the rear portion of the taxi

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 SHC3879B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

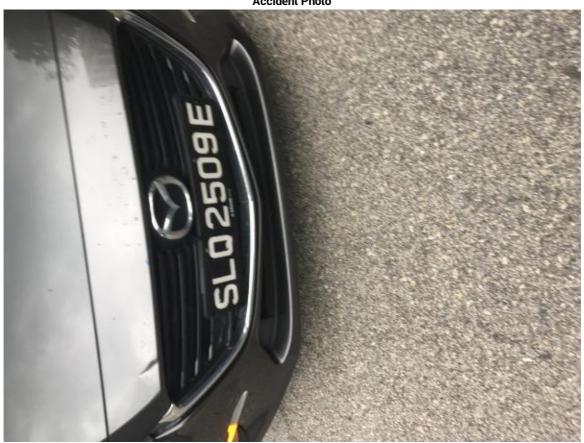
No. Of Passenger (Including Driver)

TAXI

Sketch Plan









Accident Photo

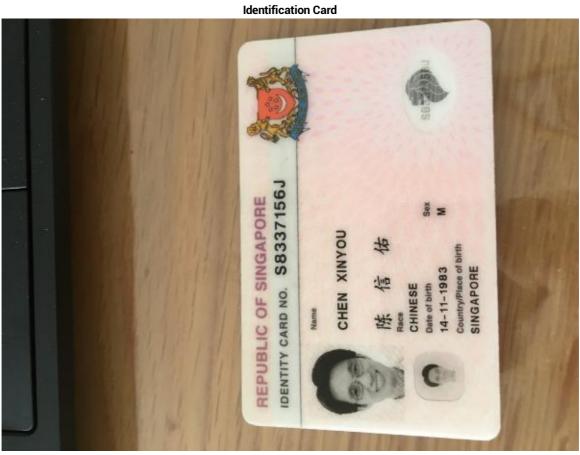


Driving License



Driving License





Identification Card

