

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	28/08/2020 07:43
Date Of Accident	27/08/2020 22:25
Exact Location Of Accident	TAMPINES AVE 5 TOWARDS TRAFFIC JUNCTION BETWEEN TA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR7020X
Insured/Policyholder	
Name Of Registered Owner	THAM CHEN HOO
NRIC No	S1749955F
Email Address	CHTHAM2020@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97626441
Alternative Phone No	Others-65220419

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	2100403889-05
Cover Note Number	

Driver

Name of Driver	THAM CHEN HOO
NRIC No	S1749955F
Date Of Birth	07/04/1966
Occupation	INDOOR
Date Of Driving Pass	03/09/1999
Driving Experience	20 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97626441
Fax Number	
Contact Number	OTHERS-65220419
E-Mail Address	CHTHAM2020@GMAIL.COM
Address	136 BEDOK RESERVOIR ROAD #02-1429 SINGAPORE
Postcode	470136
Was driver an employee of the Insured's Company	YES
If 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 - 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
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)	4
Passenger 1	Name: : WONG LEE YUN Gender: : Female
Passenger 2	Name: : THAM YEW YANG Gender: : Male
Passenger 3	Name: : CHRISTINE LOW JING YI Gender: : Female

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 Changing lane & Moving in own Lane SKR7020X SMF1796U WSV20001342 Accident_Description The traffic light turn red .I was changing lane to empty slot in front of stationary SMF1796U as it start moving and crash onto my right back wheel top. My vehicle suffered minor scratches and SMF1796U scratches on left front as see in photo. The front camera vehicle SMF1796U capture the accident scene. She was driving Grab with passenger behind on a rental car.

Attachment(s)

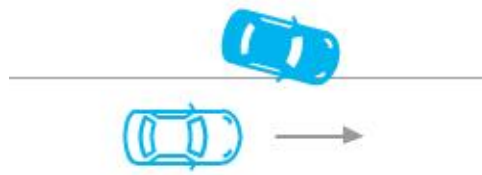
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES

Remarks/ Reasons:	INSD DID NOT PROVIDE VIDEO FOOTAGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF1796U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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



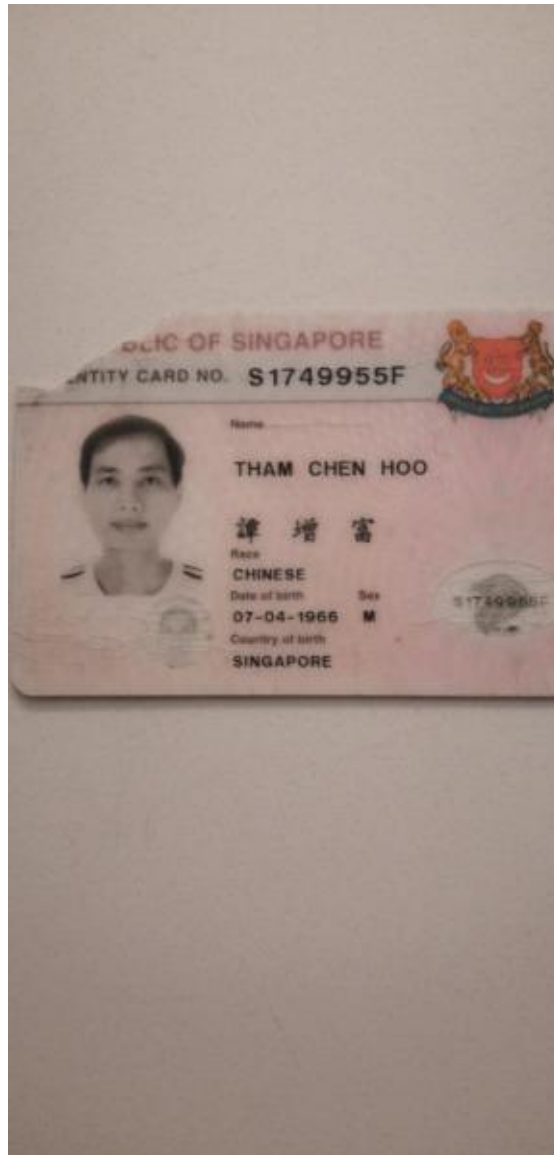
Driving License



Driving License



Identification Card



Identification Card

