SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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	31/08/2020 17:16
Date Of Accident	31/08/2020 14:30
Exact Location Of Accident	TOMSON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA575J
Insured/Policyholder	33A0133
•	FIGNIA COLL CIOIX LANI MECLLIM CHAN TECV
Name Of Registered Owner	FIONA SOH SIOK LAN MRS LIM GUAN TECK
NRIC No Email Address	S6879959G LIMISAAC1@GMAIL.COM
Mobile Phone No	
	(LOCAL) +65-97612612 Office-62358277
Alternative Phone No	Office-02338211
Vehicle Particulars	
Manufacturer 	NISSAN
Model	QASHQAI 1.2 DIG-TURBO
Exact Purpose for which vehicle was being used at ime 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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700080540-02
Cover Note Number	
Driver	
Name of Driver	ISAAC LIM OON AIK
NRIC No	T0009768z
Date Of Birth	01/03/2000

INDOOR

28/01/2019

1 YEAR AND 7 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-83668860

Fax Number

Contact Number

EMail Address LIMISAAC1@GMAIL.COM

Address 36 TOMLINSON ROAD, KUM HING COURT

NO

2

NO

NO

1

Postcode 247856

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Vehicle

Was driver an employee of the Insured's Company

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

Was any body injured in the Accident?

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

The taxi vehicle B was turning out of the side road going in to the main road. As vehicle B is passing the white line vehicle B stops suddenly. Vehicle A did not react in time and collided with vehicle B.

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

SHD5932L Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

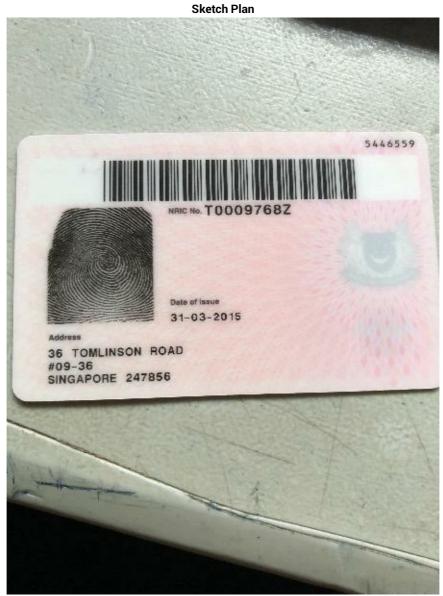
Contact Number Address

Postcode

Insurance Company Name

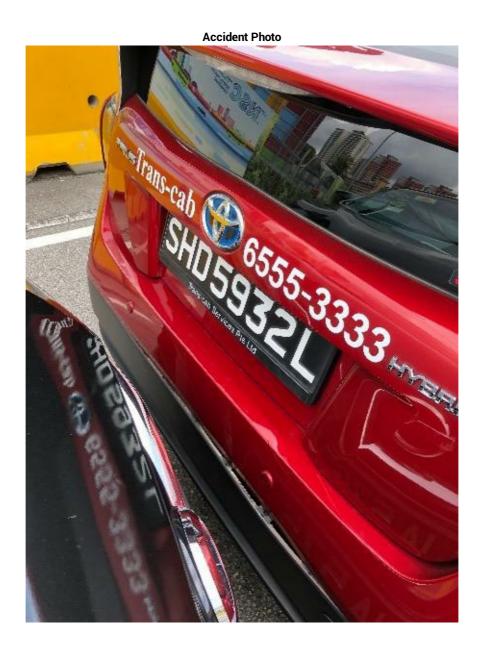
Nature Of Damage

No. Of Passenger (Including Driver)





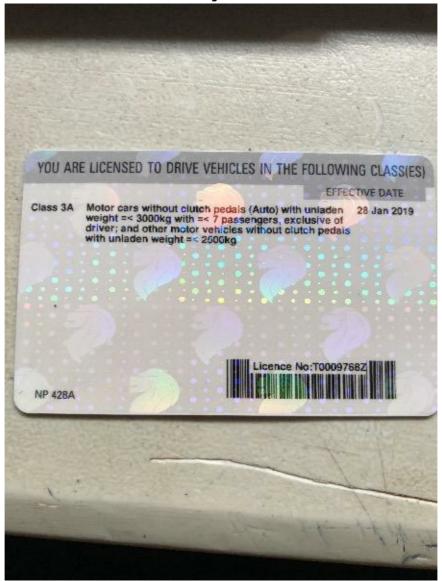




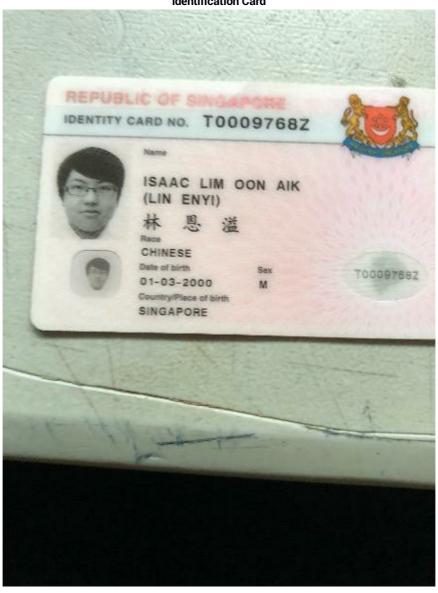




Driving License



Identification Card



Identification Card

