

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	07/09/2020 09:52
Date Of Accident	07/09/2020 09:35
Exact Location Of Accident	8 JLN LIMAU NIPIS, SINGAPORE 468261
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD7975R
Insured/Policyholder	
Name Of Registered Owner	CLEMENTS ZUZANA
NRIC No	G5033193N
Email Address	LEW.CLEMENTS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90284676
Alternative Phone No	Others-90284676
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL
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	1800106165-02
Cover Note Number	
Driver	
Name of Driver	LEWIS CLEMENTS
NRIC No	G6463700U
Date Of Birth	26/07/1973
Occupation	INDOOR
Date Of Driving Pass	25/08/2018
Driving Experience	2 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98567759
Fax Number	
Contact Number	
EMail Address	LEW.CLEMENTS@GMAIL.COM
Address	8 JALAN LIMAU NIPIS, BEDOKVILLE
Postcode	468261
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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)	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

#tjunction Turning into Main Road & Moving straight SMD7975R SHD6260K WSVC20001408 Accident_Description pulled out of T junction turning right. To the left is a lip of a hill with one parked car partial obscured view. To the right is a straight road with a mini truck parked close to the turning into the road. I looked left and appeared no cars looked right straining past parked mini truck and another mini truck was passing. Waited and then turned right into the road didn't see the taxi and side swiped his front right. Superficial damage to our vehicle but dent in wheel arch and scratches on the taxi.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6260K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver
NRIC/Passport Number

Contact Number

Address

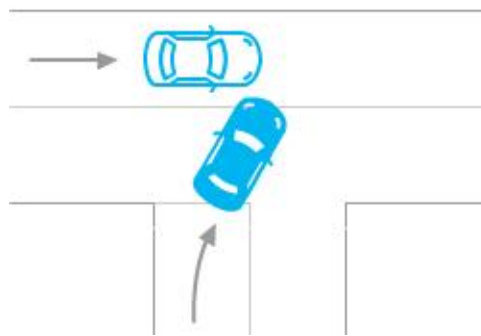
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Driving License



Driving License



Identification Card



Identification Card

VISIT PASS
Immigration Regulations

03-08-2018

Name
CLEMENTS LEWIS DAVID

FIN
G6463700U

Date of Birth
26-07-1973

Sex
M

Nationality
BRITISH

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

