

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	31/08/2020 21:01
Date Of Accident	31/08/2020 14:00
Exact Location Of Accident	SOO CHOW GARDEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2861T
Insured/Policyholder	
Name Of Registered Owner	LIM CHYE NEO
NRIC No	SXXXX979B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81237737
Alternative Phone No	Office-97365693

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 PREMIUM

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	1800097139-02
Cover Note Number	

Driver

Name of Driver	LIM CHYE NEO
NRIC No	SXXXX979B
Date Of Birth	08/05/1951
Occupation	INDOOR
Date Of Driving Pass	07/01/1985
Driving Experience	35 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81237737

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

5000N MARINE PARADE ROAD
LAGOON VIEW 23-60 SINGAPORE

Postcode

449295

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 - MAJOR/MINOR RD

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)

2

Passenger 1

Name: : Janet Chua
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

There were many cars parked along the side of the road as shown in the illustration above. In order to avoid the parked cars SMD2861T had to reverse as shown. SGH1597M while travelling along the road did not seem to notice SMD2861T reversing resulting in the accident. Left corner bumper of SMD2861T and front right bumper of SGH1597M. Given the location of point of contact SMD2861T would have been fairly far out and hard to miss.

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

SGH1597M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

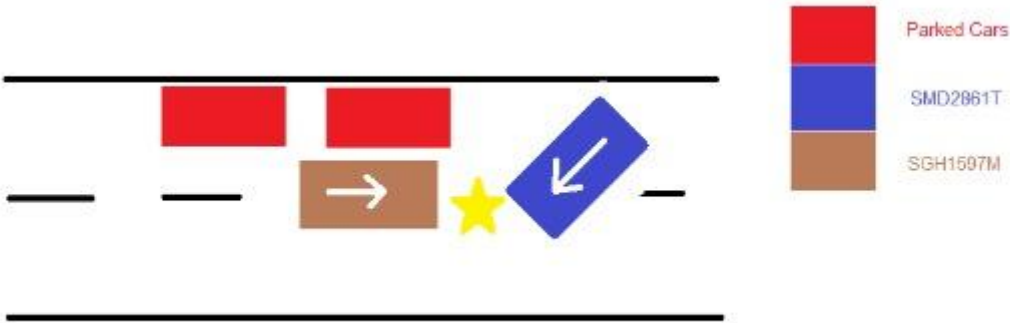
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License



Identification Card



Identification Card

