

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	15/09/2020 16:25
Date Of Accident	14/09/2020 07:15
Exact Location Of Accident	MINOR ROAD IN FRONT OF 325B SENGKANG EAST WAY, SIN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX365D
Insured/Policyholder	
Name Of Registered Owner	NG CHOON TAT(HUANG CHUNDA)
NRIC No	S7238196C
Email Address	CMEIN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98298679
Alternative Phone No	Office-98298679

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER 2.0 ELEGANCE/SPORTS
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	1800024901-02
Cover Note Number	

Driver

Name of Driver	LEE CHIN MEIN
NRIC No	S7376693A
Date Of Birth	21/01/1973
Occupation	INDOOR
Date Of Driving Pass	17/04/1999
Driving Experience	21 YEARS AND 4 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96409289
Fax Number	
Contact Number	
E-Mail Address	CMEIN@SINGNET.COM.SG
Address	9 SENGKANG SQUARE, COMPASS HEIGHTS
Postcode	545075
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	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	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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : Ng Jun Xiang 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

Blue Car SLX365D White Car SLN7699Y The road is a minor road in front of HDB block next to Nan Chiau Primary School. Due to many cars parked on one side of road as parents were temporarily sending children to school there was a queue of cars moving very slowly to exit the minor road. In an attempt to make way for oncoming car I inched forward and hit the car in front which was also in the queue. A small dent resulted on the rear bumper of the other car. No other damages observed.

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	SLN7699Y
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle CategoryPRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

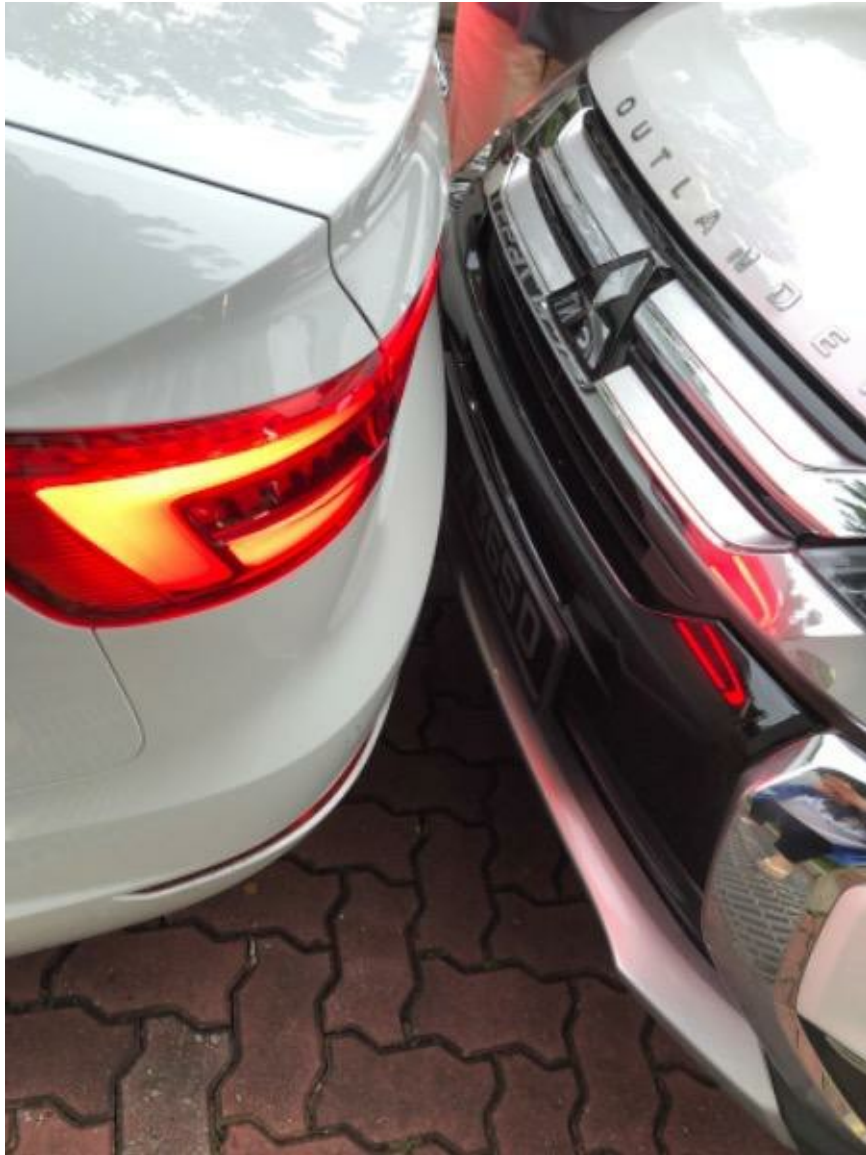
Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License



Identification Card



Identification Card

