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	21/10/2020 17:11
Date Of Accident	21/10/2020 14:05
Exact Location Of Accident	INTERSECTION BETWEEN BARTLEY ROAD EAST AND UPPER P
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SML425R
Insured/Policyholder	
Name Of Registered Owner	CHEN XIAOYE
NRIC No	S8871901H
Email Address	CHENXIAOYE88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90838535
Alternative Phone No	Others-98286382
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy or 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	1900085736
Cover Note Number	
Driver	
Name of Driver	CHEN XIAOYE
NRIC No	S8871901H
Date Of Birth	12/03/1988
O constitution	INDOOD

INDOOR

31/07/2009

11 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90838535

Fax Number

Contact Number

EMail Address CHENXIAOYE88@GMAIL.COM

Address 289 BISHAN STREET 24

#08-19 SINGAPORE

Postcode 570289

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 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 2

NO

Number of Passengers (Including Driver)

Passenger 1 Name: : liu xinle

Gender: : Female

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

#straightroad Changing lane & Description I was attempting to change to the right lane. After turning on my signal light and confirming that there was sufficient clearance from the car in the right lane behind me (I will call X) from my side mirrors I proceed to make the lane change. When I was about 50% into the right lane X scraped against the right side of my car. Looking at the car cam video it appears that X has accelerated suddenly after I move into the right lane and thus scraped against my 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

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

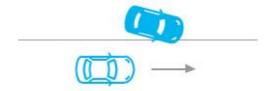
Nature Of Damage

No. Of Passenger (Including Driver)

SKA3127M

PRIVATE CAR

Sketch Plan





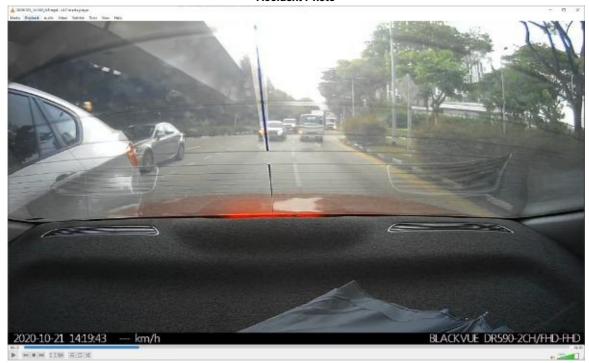




Accident Photo



Accident Photo



Driving License



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 31 Jul 2009 of the driver; and other motor vehicles =< 2500kg

NP 428A



Identification Card



