

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	16/11/2020 23:23
Date Of Accident	16/11/2020 09:30
Exact Location Of Accident	388 BUKIT BATOK WEST AVE 5, BLOCK 388, SINGAPORE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9353Z
Insured/Policyholder	
Name Of Registered Owner	CHEW FOOK LOI
NRIC No	S2603275Z
Email Address	CHEWFL2011@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90224126
Alternative Phone No	OFFICE-90224126

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 1.6 A SX
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?	YES
If No, Please state action to be taken	
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	2100482808-04
Cover Note Number	

Driver

Name of Driver	CHEW FOOK LOI
NRIC No	S2603275Z
Date Of Birth	27/11/1965
Occupation	INDOOR
Date Of Driving Pass	16/10/2003
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90224126
Fax Number	
Contact Number	OFFICE-90224126
Email Address	CHEWFL2011@HOTMAIL.COM

Address	389 BUKIT BATOK WEST AVENUE 5 #21-398 SINGAPORE
Postcode	650389
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 - 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?	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

Apple red Nissan Sunny car stopped at the slip road waiting for o cross over to the Benoi Road when the road is clear. Thinking that the Nissan Sunny car will cross the road when the traffic light at the cross junction turn red I step on the eco drive mode and knocked his back bumper as his car was still stationery at the slip road.

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	SGV9586
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



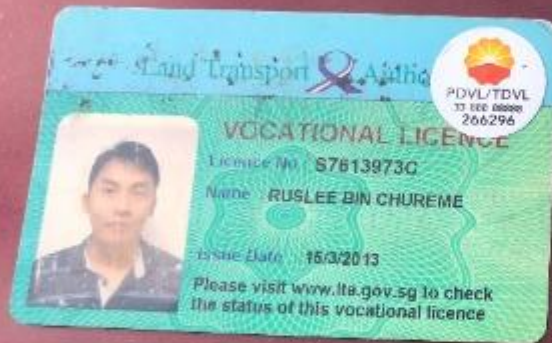
Accident Photo



Accident Photo



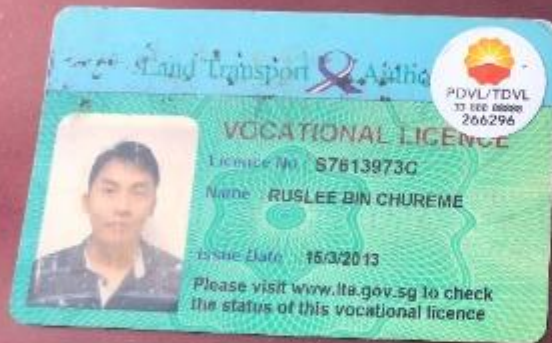
Driving License



Driving License



Driving License



Driving License



Addendum Sheet

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAHA20101735 Vehicle Registration No: SLF9353Z
Name(as shown in NRIC) : CHEW BOOK LOI NRIC/FIN/Passport No : SXXXX275Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 90224126 Mobile No.: -
Email Address : chewf12011@hotmail.com
Date of Accident : 16.11.2020 Time of Accident : 09.30 am
Place of Accident : Block 388 Bukit batok West Ave 5
Insurance Company: AIQ

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like change report my own Damage claim
Attached accident photo damage.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: