

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	23/11/2020 13:35
Date Of Accident	22/11/2020 07:45
Exact Location Of Accident	CLEMENTI AVENUE 6 SLIPROAD INTO AYE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML2832K
Insured/Policyholder	
Name Of Registered Owner	LOW FATT CHYE
NRIC No	SXXXX983D
Email Address	WEILIANLOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98295632
Alternative Phone No	OTHERS-98295632

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE
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	1900097083-01
Cover Note Number	

Driver

Name of Driver	LOW WEI LIAN
NRIC No	SXXXX441H
Date Of Birth	27/09/1991
Occupation	INDOOR
Date Of Driving Pass	22/10/2013
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93897929
Fax Number	
Contact Number	
Email Address	WEILIANLOW@GMAIL.COM

Address	27 WEST COAST PARK, BOTANNIA 04-03
Postcode	127720
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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

WSVC20001846 Accident_Description 1. We were travelling down the Clementi Ave 6 slip road into AYE (towards City). 2. While approaching the accelerating lane of the expressway I turned my head right to check for oncoming vehicles and I saw a bus approaching. 3. I then proceeded to step on the brake. 4. Unfortunately the taxi slowed down to a halt instead of going ahead. And I assumed otherwise as he had the time and clearance to do so. 5. I then jammed the brake. 6. The road was too slippery as it was raining and my car skidded forward and nudged into the taxi. 7. We then drove slightly forward into the road shoulder in order to allow the motorists behind us to proceed without obstruction. 8. We then came out in the rain to assess the situation and exchanged contact details in an amicable manner.

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	SHA1251K
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)

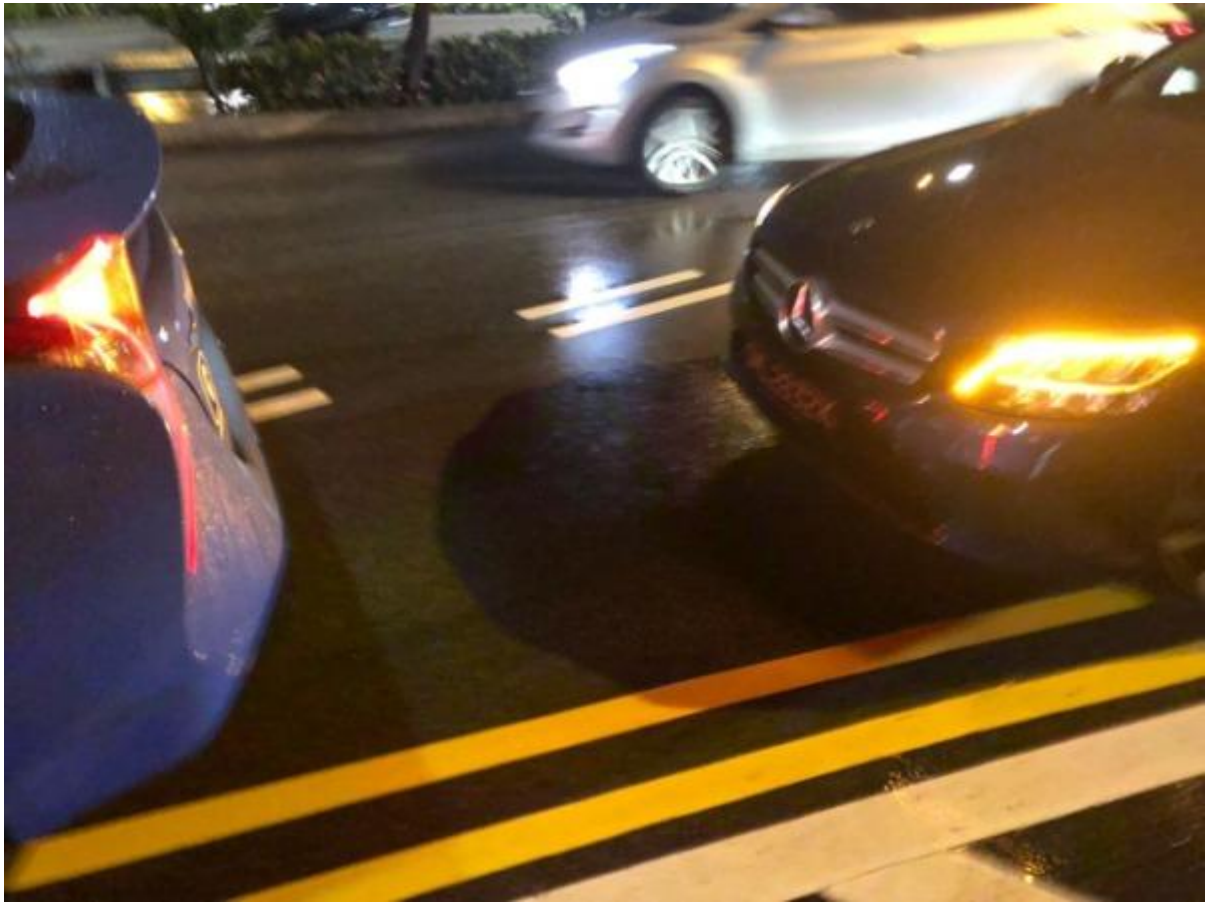
Sketch Plan



Accident Photo



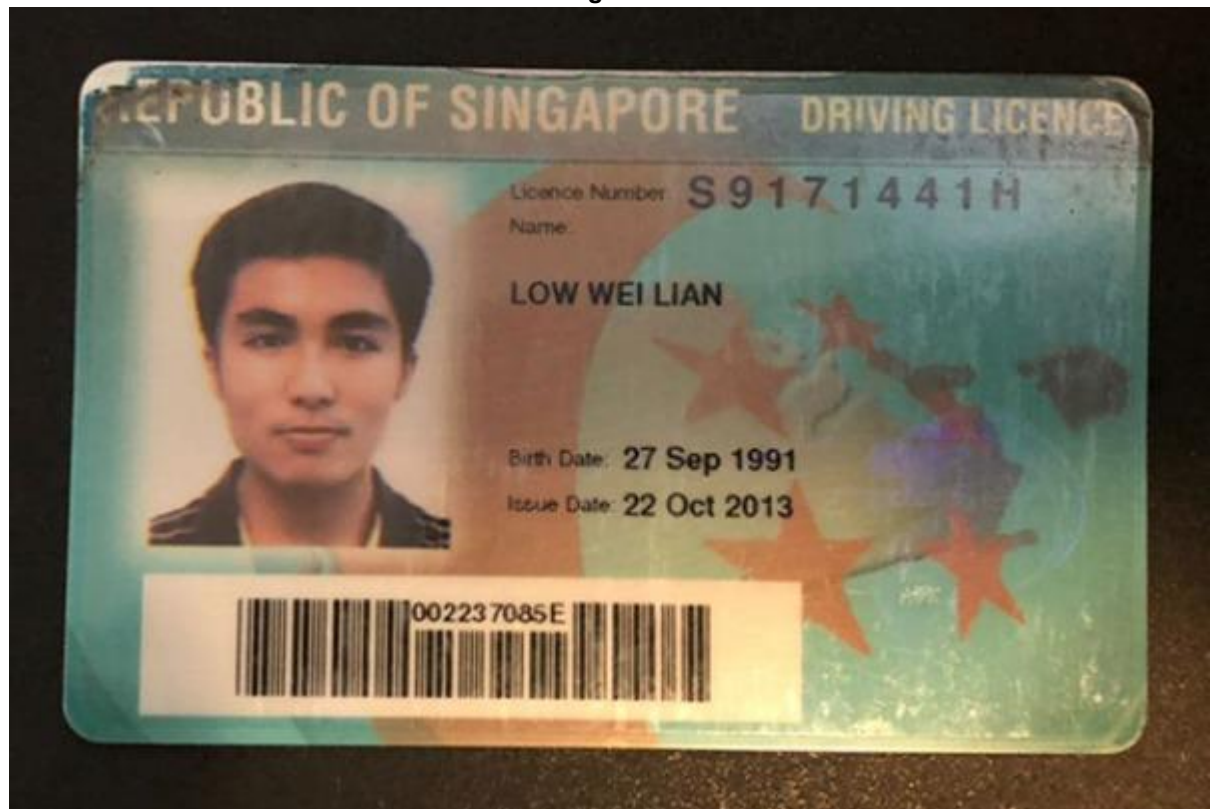
Accident Photo



Accident Photo



Driving License





Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9171441H






Name
LOW WEI LIAN
罗 伟 练

Race
CHINESE

Date of birth
27-09-1991

Sex
M

Country/Place of birth
PAPUA NEW GUINEA



Identification Card

