

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	26/11/2020 23:57
Date Of Accident	26/11/2020 20:00
Exact Location Of Accident	CTE BEFORE ANG MO KIO AVE 1 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5970A
Insured/Policyholder	
Name Of Registered Owner	BENJAMIN KOH TENG MENG
NRIC No	S8707329G
Email Address	BENJAMINKOHTM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81830810
Alternative Phone No	Others-64833086

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 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	1900092763
Cover Note Number	

Driver

Name of Driver	BENJAMIN KOH TENG MENG
NRIC No	S8707329G
Date Of Birth	21/03/1987
Occupation	INDOOR
Date Of Driving Pass	05/06/2006
Driving Experience	14 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81830810
Fax Number	
Contact Number	
E-Mail Address	BENJAMINKOHTM@GMAIL.COM
Address	1 MUGLISTON WALK MUGLISTON HILL SINGAPORE
Postcode	798497
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

#straightroad Moving straight & Moving straight SML5970A SGF6696M WSVC20001859 Accident_Description it seems that a motorcycle has crashed into another car the view was not clear from the driver seat. SGF6696M brakes relatively late he could have cut out to the right lane but he did not. seems like it might be a planned accident. Damages might be already on the rear end of SGF6696M. No damages to the front end of my car.

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	SGF6696M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE

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

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S 8 7 0 7 3 2 9 G**
Name: **BENJAMIN KOH TENG MENG**

Birth Date: **21 Mar 1987**
Issue Date: **05 Jun 2006**



001423295K

Driving License



Identification Card



Identification Card

