

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 Submission	30/03/2021 15:02 (SGT)
Date of Accident	29/03/2021 12:45 (SGT)
Exact Location of Accident	Kim Seng Rd, Singapore
Additional Location Information	TWDS OUTRAM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW7432R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA KIM HOCK
NRIC No	SXXXX798A
Email Address	CHUAKIMHOCK65@GMAIL.COM
Mobile Phone No	(Phone) +65-97629965
Alternative Phone No	+65-97629965

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070170757
Cover Note Number	-

DRIVER

Name of Driver	CHUA KIM HOCK
NRIC No	SXXXX798A

Date Of Birth	-
Occupation	-
Date Of Driving Pass	10/02/1992
Driving experience	29 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97629965
Alt. Phone Number	+65-97629965
Email Address	CHUAKIMHOCK65@GMAIL.COM
Address	-
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	-
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210329/2092

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No