

## 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 Actual 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 First Submission .....	26/06/2024 09:12 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	15/06/2024 19:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	30 Bencoolen Street Carpark
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNG555M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WONG CHIA YU
NRIC No .....	S7427372F
Email Address .....	denlkt@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-97606888
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Benz EQS450
Variant .....	Benz EQS450
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	0

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7220068037-02

#### DRIVER

Name of Driver .....	WONG CHIA YU
NRIC No .....	S7427372F
Date Of Birth .....	28/08/1974
Occupation .....	Indoor

Driving Pass Date .....	27/04/1998
Driving experience .....	26 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97606888
Alt. Phone Number .....	-
Email Address .....	denlkt@yahoo.com.sg
Address .....	80 LUXUS HILL DRIVE
Address complement .....	SINGAPORE
Postcode .....	804797
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver .....	SNR49A
Insurance Company of Other Vehicle Owned by Driver .....	AIG Asia Pacific Insurance Pte. Ltd.

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Opening Door of Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	Tan Lian Keow Karine
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Received claim against my vehicle stating that my passenger open door and hit the claimant's vehicle door. I was not aware of any hitting sound nor did my passenger hit the door. The claimant's video acknowledge no one checking whether the door was hit or caused any damage. What make it so sure that my door hit his door. His damage may be done else where and blame it on my vehicle.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNR49A
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-







