

NON-REPORTING BY INSURED

<https://form.gov.sg/65f8e811c89f9e178e23bbe6>

Response ID	695363f5de6a233e0fbe77c1
Time Submitted	Tue, 30 Dec 2025 01:32:37 PM
Instructions	
Traffic Accident Information	
Date of Accident [Date_Of_Accident]	27 Nov 2024
Time of Accident [Time_Of_Accident]	0935
Location of Accident in Singapore [Location_of_Accident_in_Singapore]	Lor 18 Geylang
Third Party's Information	
Third Party's Name [Third_Party_Name]	STRIDES PREMIER TAXI PTE LTD
Third Party's Vehicle Number [Third_Party_Vehicle_Number]	SHB5745X
Insured Information	
Our Reference Number [Our_Reference_Number]	CD/AIG24110603/Ema3(N)
Our Insured Name [Our_Insured_Name]	Teow Robert
Our Insured Vehicle Number [Our_Insured_Vehicle_Number]	SJS5T
Insured Registered Address	
[Block_Number_And_Street_Address]	66 BAYSHORE ROAD BAYSHORE PARK
[Unit_Number]	#11-02
[Postal_Code]	469985
Insurance Company Liaison Information	
Name of Insurance Company [Name_of_Insurance_Company]	AIG Asia Pacific Insurance Pte Ltd
Name of Liaison Person [Name_of_Liaison_Person]	Daphne Lee

Contact Number of Liaison Person
[Contact_Number_of_Liaison_Person]

6841 2157

[verified] Email of Insurance Company
[Insurance_Company_Email]

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