

## 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 ability.
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 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	29/12/2017 15:28
Date Of Accident	11/12/2017 15:30
Exact Location Of Accident	BLK 725, CLEMENTI WEST STREET 2. SINGAPORE 120725
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE1339H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU CHEE MENG PATRICK
NRIC No	S1462600Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83383365
Alternative Phone No	Others-62706377

### Vehicle Particulars

Manufacturer	AUDI
Model	A6 C7 2.0 TFSI MU
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	2100406979-02
Cover Note Number	

### Driver

Name of Driver	LAU CHEE MENG PATRICK
NRIC No	S1462600Z
Date Of Birth	18/11/1961
Occupation	INDOOR
Date Of Driving Pass	22/08/2003
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83383365
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	2C WEST COAST WALK
Postcode	SINGAPORE 127138
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	

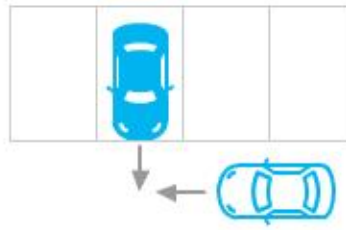
#### Circumstances of Accident

#carpark Moving in/ out of parking lot & Going straight SGE1339H SHF515E SGE1339H was reversing & SHF515E was driving forward.  
The rear of SGE1339H hit side door of the SHF515E

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

### Sketch Plan



## Driving License



## Driving License



## Identification Card



## Identification Card

