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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/12/2017 11:00
Date Of Accident	22/12/2017 12:05
Exact Location Of Accident	DEPOT ROAD NEAR BLK 111
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ133T
Insured/Policyholder	
Name Of Registered Owner	CHUA KIAN HONG FELIX (CAI JIANHONG FELIX)
NRIC No	S8334531D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94798659
Alternative Phone No	OTHERS-90278547
Vehicle Particulars	
Manufacturer	MINI
Model	F55 MINI ONE 1.2
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	2100510831
Cover Note Number	
Driver	

Driver

Name of Driver CHUA KIAN HONG FELIX (CAI JIANHONG FELIX)

 NRIC No
 \$8334531D

 Date Of Birth
 27/10/1983

 Occupation
 INDOOR

 Date Of Driving Pass
 08/11/2011

Driving Experience 6 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94798659

Fax Number

Contact Number OTHERS-90278547

EMail Address FELIXCHUA9@HOTMAIL.COM

Address 462 CLEMENTI AVE 3

Postcode #17-634 SINGAPORE 120462

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 Registration Number of Driver's Own Vehicle

-

Insurance Company of Driver's Own Vehicle

-

NO

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions RAINING
Road Surface WET

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : KONG WAI FONG

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

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 & Reversing, Blue Car Sha7678Z Reversed into a park vehicle. With a a slight knock onto the bottom right corner of parked vehicle

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: INSD DID NOT PROVIDE VIDEO FOOTAGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA7678Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number 97573232

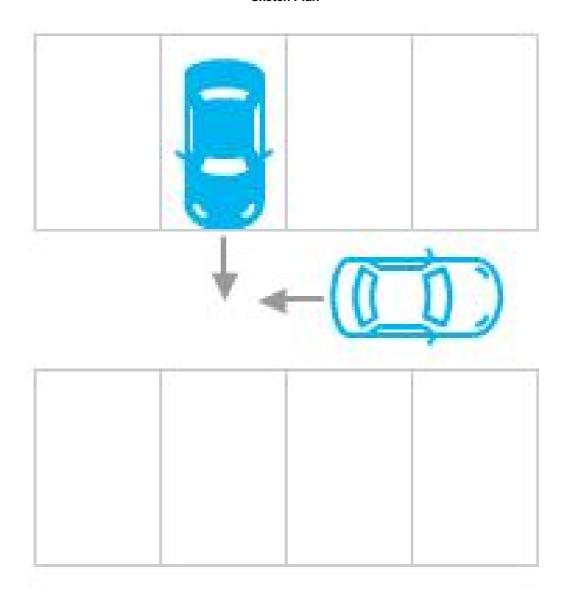
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

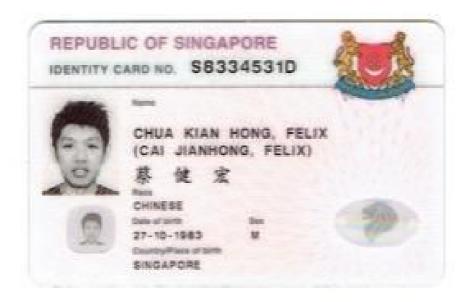
Sketch Plan



Insd & Driver's Nric (Frt)



1 of 2



Insd & Driver's Nric (Bck)



2 of 2



Insd's Driver's Driving License (Frt)





Accident Photo



