

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 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	30/01/2018 11:38
Date Of Accident	28/01/2018 14:30
Exact Location Of Accident	28 JALAN SEMBILANG SPORE 576876
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL851S
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Insured/Policyholder

Name Of Registered Owner	YEOW CHUN TENG, EDWIN
NRIC No	S8322602A
Email Address	YEOW.EDWIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97679258
Alternative Phone No	Office-62358007

Vehicle Particulars

Manufacturer	MINI
Model	COOPER S 1.6 [COUPE]
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	2100352528-04
Cover Note Number	

Driver

Name of Driver	YEOW CHUN TENG, EDWIN
NRIC No	S8322602A
Date Of Birth	05/07/1983
Occupation	INDOOR
Date Of Driving Pass	01/07/2004
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97679258
Fax Number	
Contact Number	OFFICE-62358007
EMail Address	YEOW.EDWIN@GMAIL.COM

Address	28 JALAN SEMBILANG
Postcode	SINGAPORE 576876
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	COLLIDED INTO PARKED VEHICLE
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : BEATRICE LIM Gender: : Female

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

Collided into Parked Vehicle, #carpark, Moving forward or reversing into parking lot & Parked, Blue Car SKL851S, White Car SKK7112B SKK7112B was parked stationary in the driveway when I clipped my rear right bumper with its front left bumper while I was reversing into space on its left. Video footage of the incident captured by a residential camera.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NO VIDEO FILE ATTACHED
Was there any audio recorded?	NO

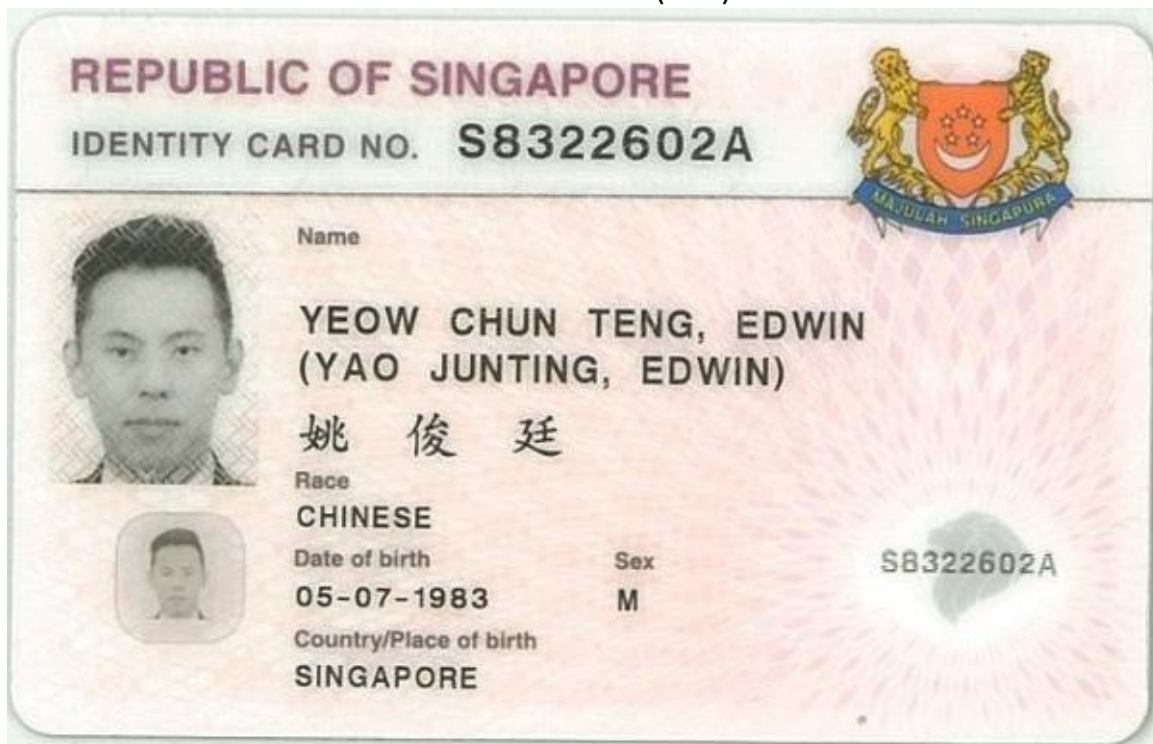
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK7112B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98436625
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



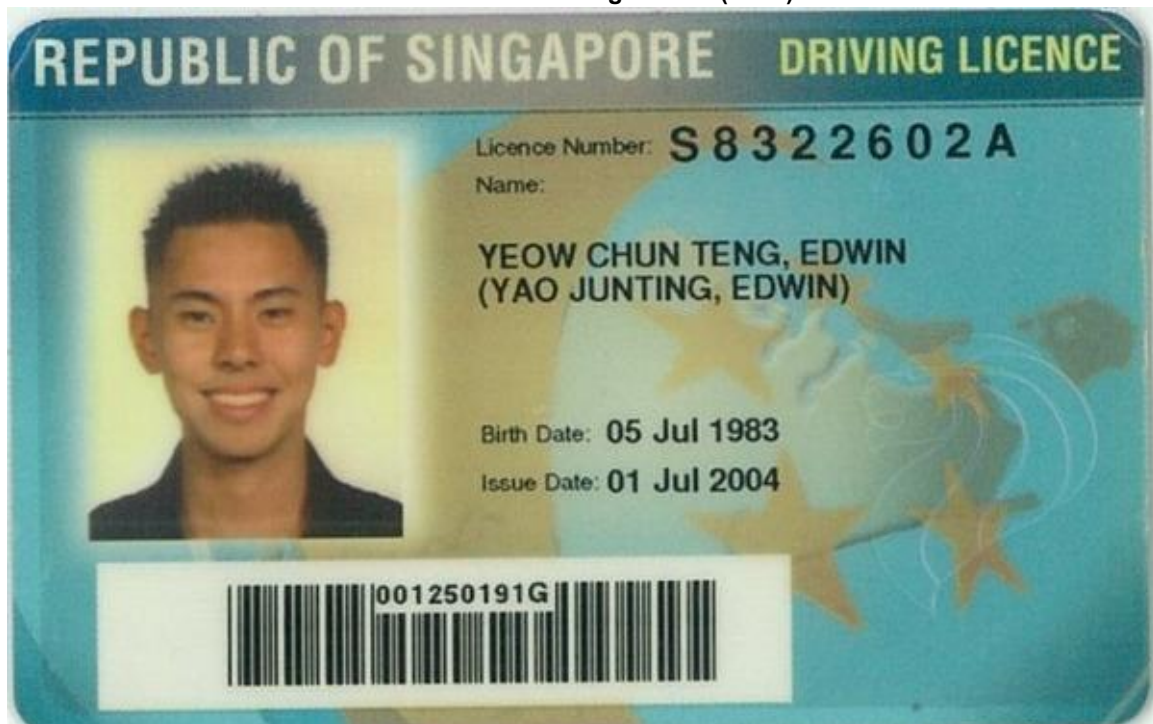
Insd & Driver's Nric (Front)



Insd & Driver's Nric (Back)



Insd & Driver's Driving License (Front)



Insd & Driver's Driving License (Back)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

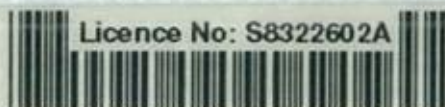
Class 2B Motorcycles =< 200 CC
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the
driver; and motor tractors/vehicles =< 2500 kg

31 Aug 2011
01 Jul 2004

S8322602A

S / No. 9000151391

NP 428A

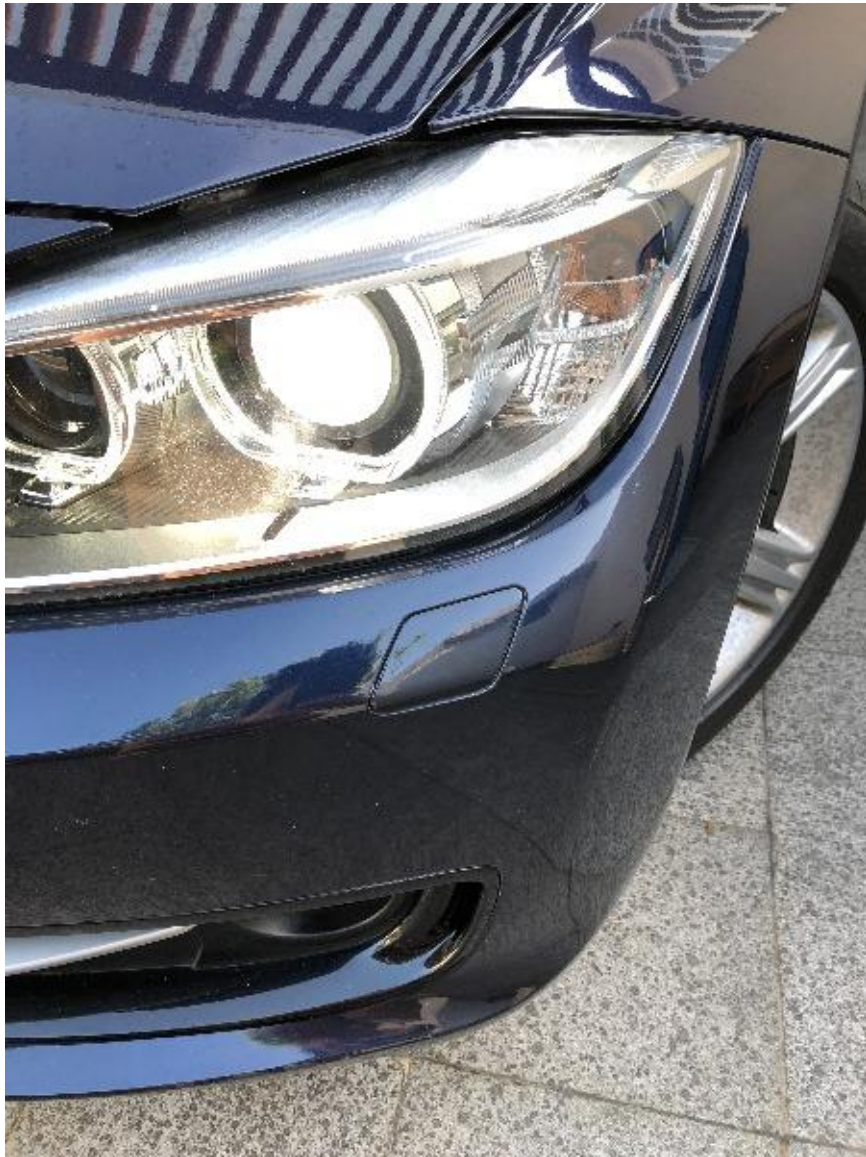


Licence No: S8322602A

Accident Photo



Accident Photo



Accident Photo

