

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	08/02/2018 17:02
Date Of Accident	06/02/2018 16:30
Exact Location Of Accident	BEDOK SOUTH AVE 3. CARPARK B65. LOT 286.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC3403C
Insured/Policyholder	
Name Of Registered Owner	LOH HONG LEE
NRIC No	S1469218E
Email Address	WLOHHL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97353076
Alternative Phone No	Office-97353076

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY 1.6
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	0100600380-12
Cover Note Number	

Driver

Name of Driver	LOH HONG LEE
NRIC No	S1469218E
Date Of Birth	03/06/1961
Occupation	INDOOR
Date Of Driving Pass	05/08/2003
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97353076
Fax Number	
Contact Number	
EMail Address	WLOHHL@SINGNET.COM.SG

Address	BLK 156 BEDOK SOUTH AVE 3
Postcode	#07-607 SINGAPORE 460156
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?	
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?	

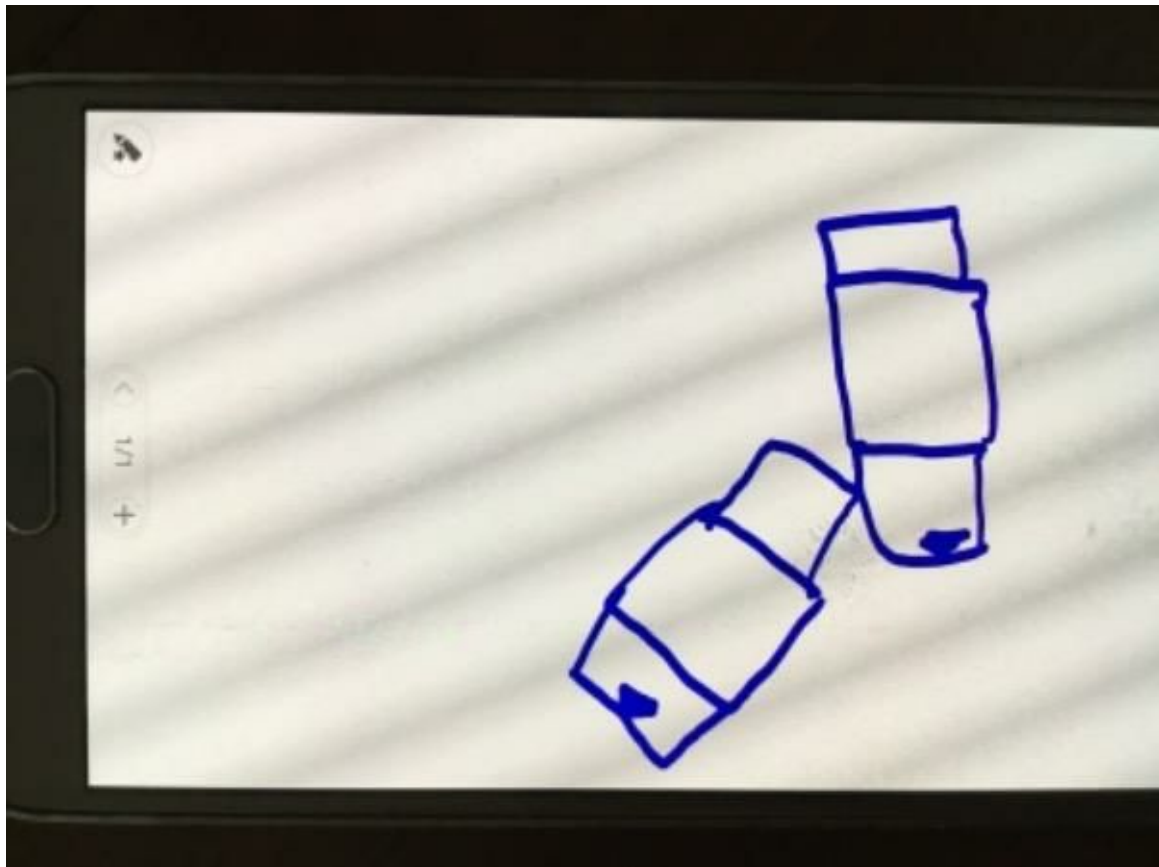
Circumstances of Accident

Upload the drawing sketch plan "Construction works on opposite side of car park lot. My reversing car left corner bumper made contact with third party car right mud guard. The position of contact is after the third party car front wheel."

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DID NOT PROVIDE BY INSURED
Was there any audio recorded?	NO

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License Frt



Driving License back



Identification Card Frt



Identification Card back

