

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	28/05/2018 10:43
Date Of Accident	26/05/2018 20:45
Exact Location Of Accident	PACKING LOT NEAR TO CHANGI BEACH CLUB, 2 ANDOVER R
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR113X
Insured/Policyholder	
Name Of Registered Owner	TAN TECK HUAT
NRIC No	S0145131F
Email Address	FLEXRON@FLEXMECH.COM
Mobile Phone No	(LOCAL) +65-96194632
Alternative Phone No	Office-91153474

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO 2.2 A DIESEL
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	1700030404
Cover Note Number	

Driver

Name of Driver	TAN TECK HUAT
NRIC No	S0145131F
Date Of Birth	29/12/1949
Occupation	INDOOR
Date Of Driving Pass	19/04/2003
Driving Experience	15 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-96194632
Fax Number	
Contact Number	
E-Mail Address	FLEXRON@FLEXMECH.COM
Address	52 JALAN KELULUT, SELETAR HILLS ESTATE
Postcode	809068
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	WET AFTER A RAIN
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.	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 & Parked Blue Car SLR113X White Car SFM189A SLR113X WAS MOVING OUT FROM THE PARKING LOT NEXT SFM189A. AS THE PARKING AREA WAS DIM AND AFTER A RAIN WAS NOT ABLE TO SEE CLEARLY WHEN THE SIDE OF THE CAR WAS TOO CLOSED TO THE PARKED SFM189A.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFM189A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo

