

## 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	19/07/2018 11:49
Date Of Accident	18/07/2018 19:00
Exact Location Of Accident	OUR TAMPINES HUB BASEMENT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3894E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH WEE PENG JASON
NRIC No	S8119908F
Email Address	JASONGOHWP@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98274126
Alternative Phone No	Others-97377815

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO SPORTS 1.5
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	2100276881-06
Cover Note Number	

### Driver

Name of Driver	LOW KIM KEE
NRIC No	S1579496h
Date Of Birth	26/11/1963
Occupation	INDOOR
Date Of Driving Pass	03/01/2003
Driving Experience	15 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97377815
Fax Number	
Contact Number	
EMail Address	JASONGOHWP@GMAIL.COM
Address	732 TAMPINES STREET 71, TAMPINES COURTVIEW #07-11S520732
Postcode	520732
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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: : Goh Wee yeng 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, #xJunction, Moving Straight into Main Road & Moving Straight along Main Road, Blue Car Sjm3894e, White Car Slj9990m. My car was driving inside the basement carpark when it reach a cross junction my car collided with other car.

#### 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	SLJ9990M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver  
NRIC/Passport Number

Contact Number

Address

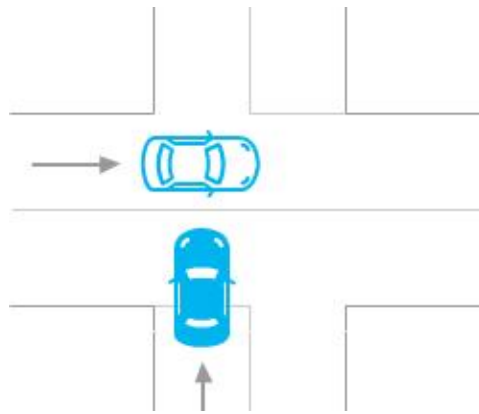
Postcode

Insurance Company Name

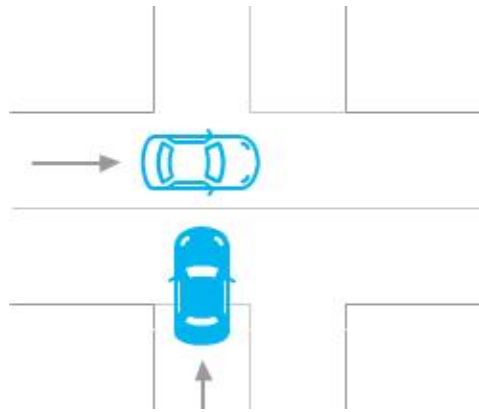
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Sketch Plan



Driver's Nric (Front)



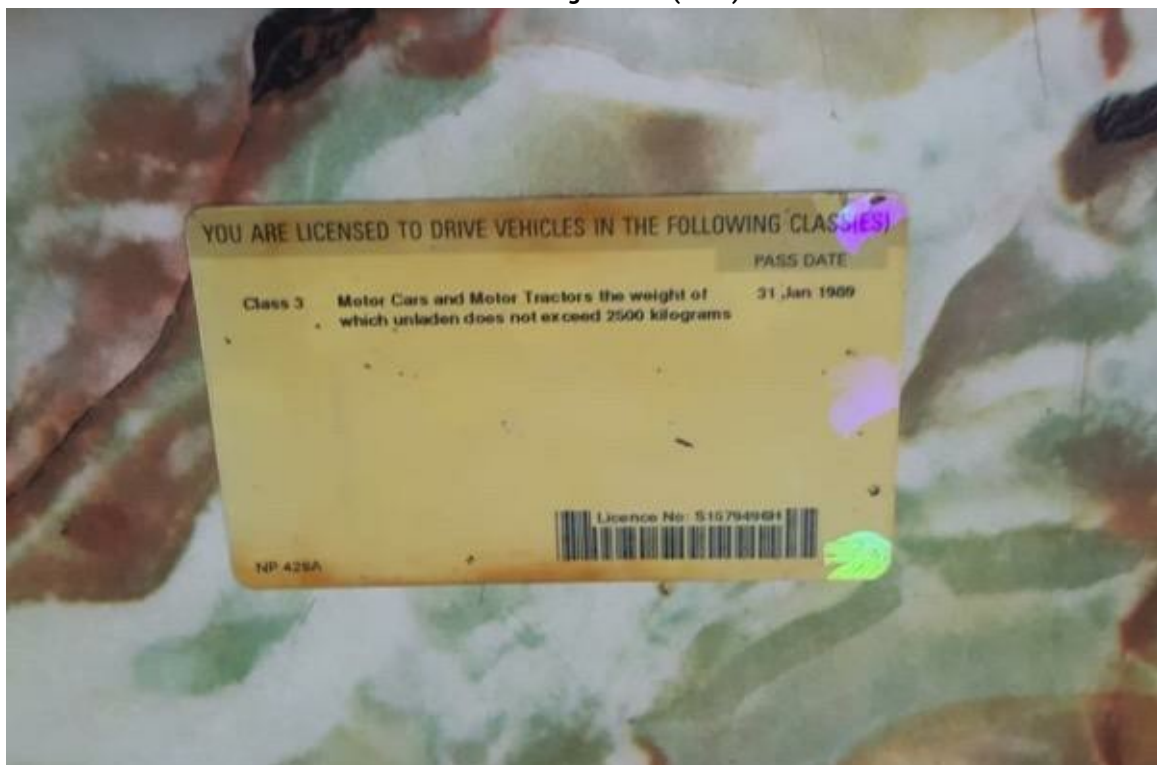
Driver's Nric (Back)



Driver's Driving License (Front)



Driver's Driving License (Back)



**Accident Photo**





Accident Photo



Accident Photo



**Accident Photo**

