

## 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	30/05/2018 11:05
Date Of Accident	29/05/2018 18:20
Exact Location Of Accident	1 JELEBU ROAD, S (677743)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG9947E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM THONG LEE (LIN TONGLI)
NRIC No	S8211331B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96342691
Alternative Phone No	Others-96342691
<b>Vehicle Particulars</b>	
Manufacturer	VOLVO
Model	B9L-9.4 (A)
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100487153-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM THONG LEE (LIN TONGLI)
NRIC No	S8211331B
Date Of Birth	19/04/1982
Occupation	INDOOR
Date Of Driving Pass	14/05/2003
Driving Experience	15 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96342691
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	954 HOUGANG AVENUE 9 #06-526 SINGAPORE
Postcode	530954
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	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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : LI HUIMIN 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

#carpark Moving & Parked SLG9947E SG1723D both the bus and my car was stopped at a traffic light. i tried to inch forward to the right to go onto the turn right lane but the space was too tight. the left front of my car contacted the rear left of the bus.

#### Attachment(s)

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

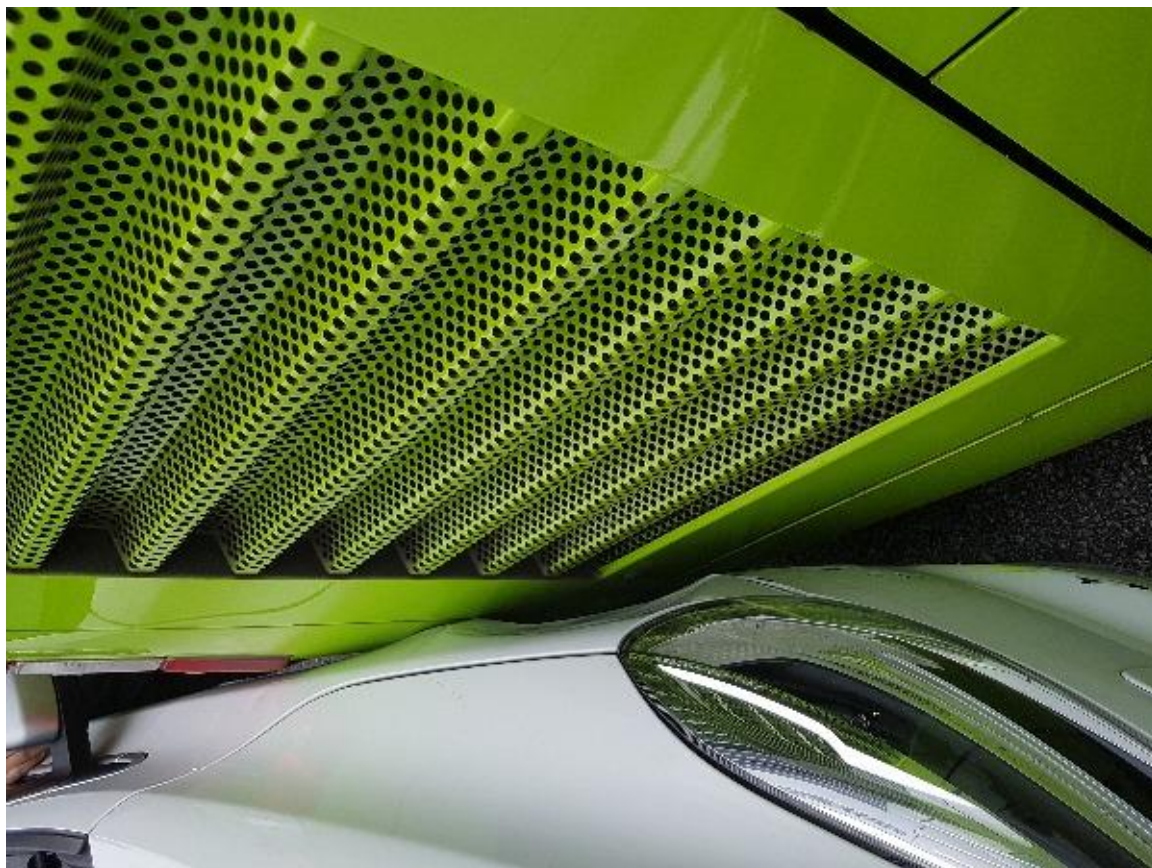
### Sketch Plan



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Driving License





Identification Card



Identification Card



