

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 | 11/09/2018 15:17 |
| Date Of Accident | 11/09/2018 07:20 |
| Exact Location Of Accident | KOVAN HAWKER CENTRE CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJX2939J |
| Insured/Policyholder | |
| Name Of Registered Owner | DARYL ONG TOON HOWE |
| NRIC No | S7416184G |
| Email Address | DIMPLEDFACE@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-94593248 |
| Alternative Phone No | Others-94593248 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | AUDI |
| Model | A4 2.0 TFSI |
| 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 | 2100211516-08 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LIM KHAI LENG |
| NRIC No | S7806286Z |
| Date Of Birth | 01/03/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/01/2015 |
| Driving Experience | 3 YEARS AND 7 MONTHS |

| | |
|---|-----------------------------|
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-93630936 |
| Fax Number | |
| Contact Number | |
| EMail Address | DIMPLEDFACE@HOTMAIL.COM |
| Address | 33 KOVAN ROAD, KOVAN MELODY |
| Postcode | 545020 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------|
| Type Of Accident | NO COLLISION |
| 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) | 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

#others Upload the drawing sketch plan I was at Kovan Hawker Centre carpark parking my car at 750am. Was trying to adjust my car by moving forward. Didn't see the other car perpendicular to my right. As a result my front right brushed against the other party's right rear.

Attachment(s)

| | |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SFG1213M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |

Contact Number

Address

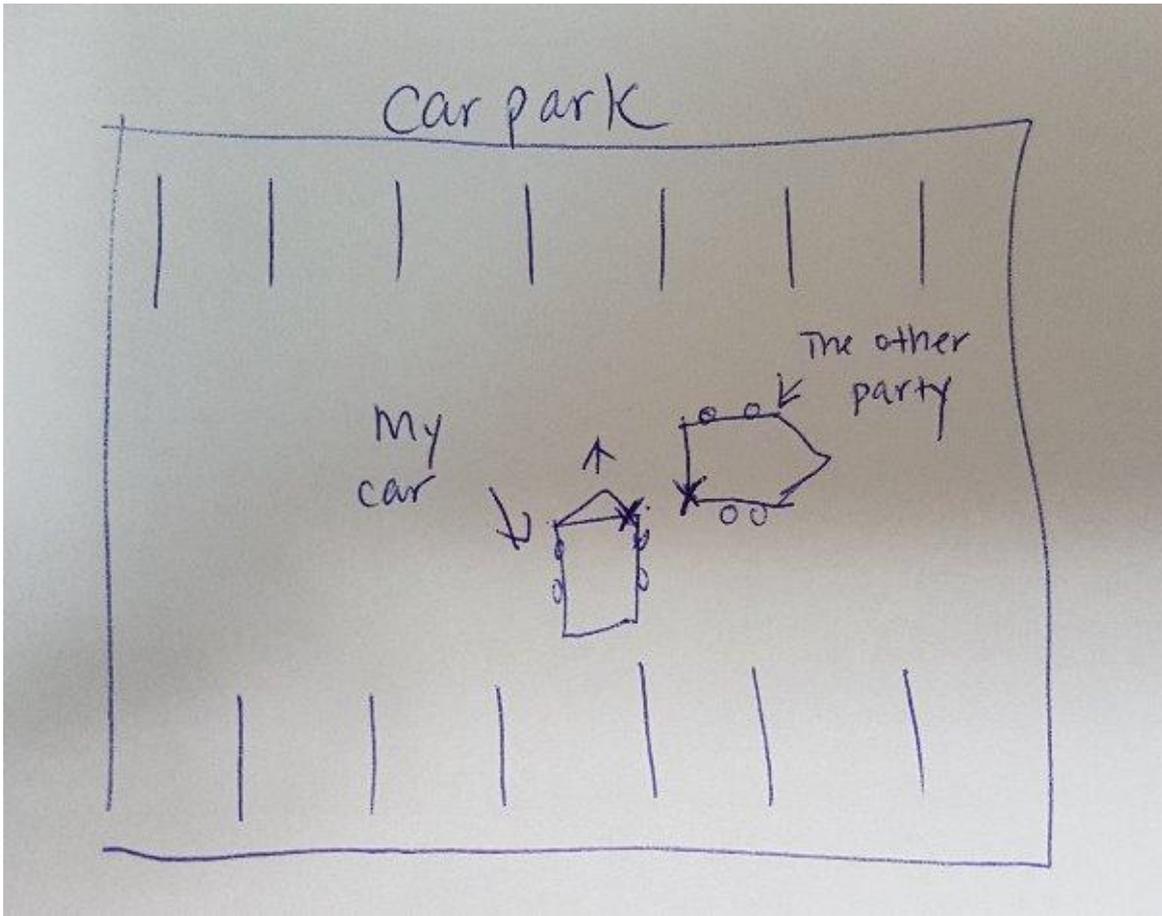
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Driving License



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7806286Z

Name:

LIM KHAI LENG
(LIN KAILING)

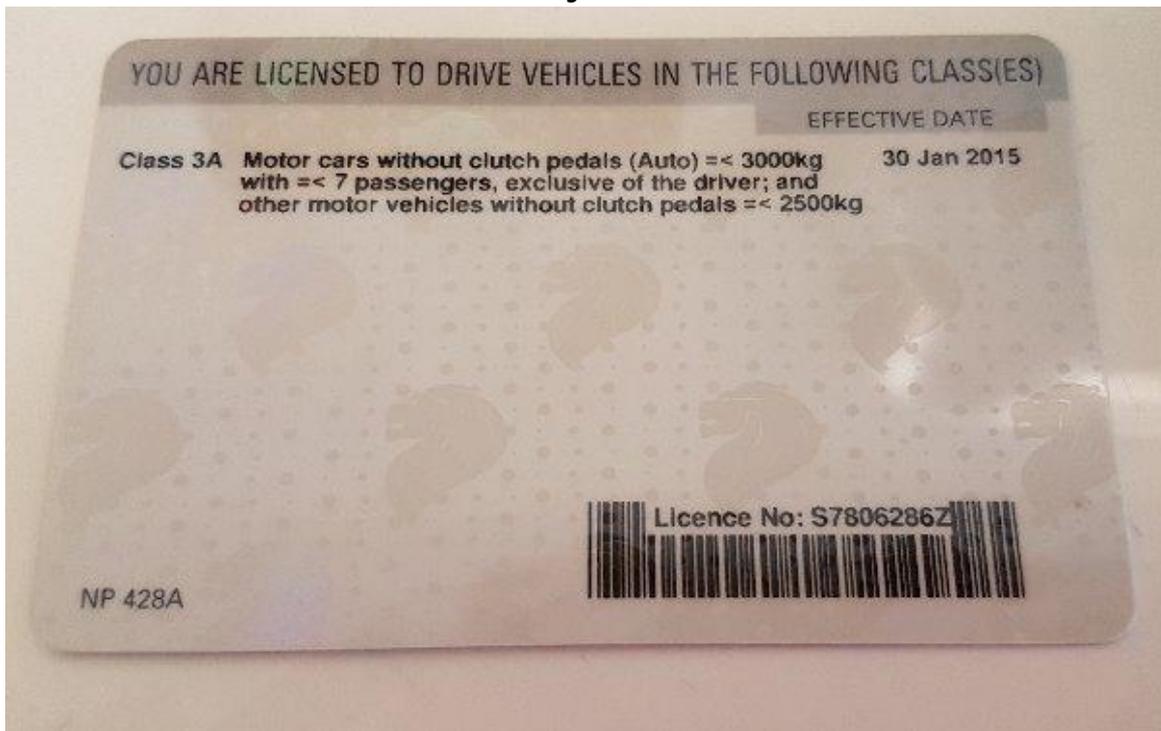
Birth Date: 01 Mar 1978

Issue Date: 30 Jan 2015



SG
50

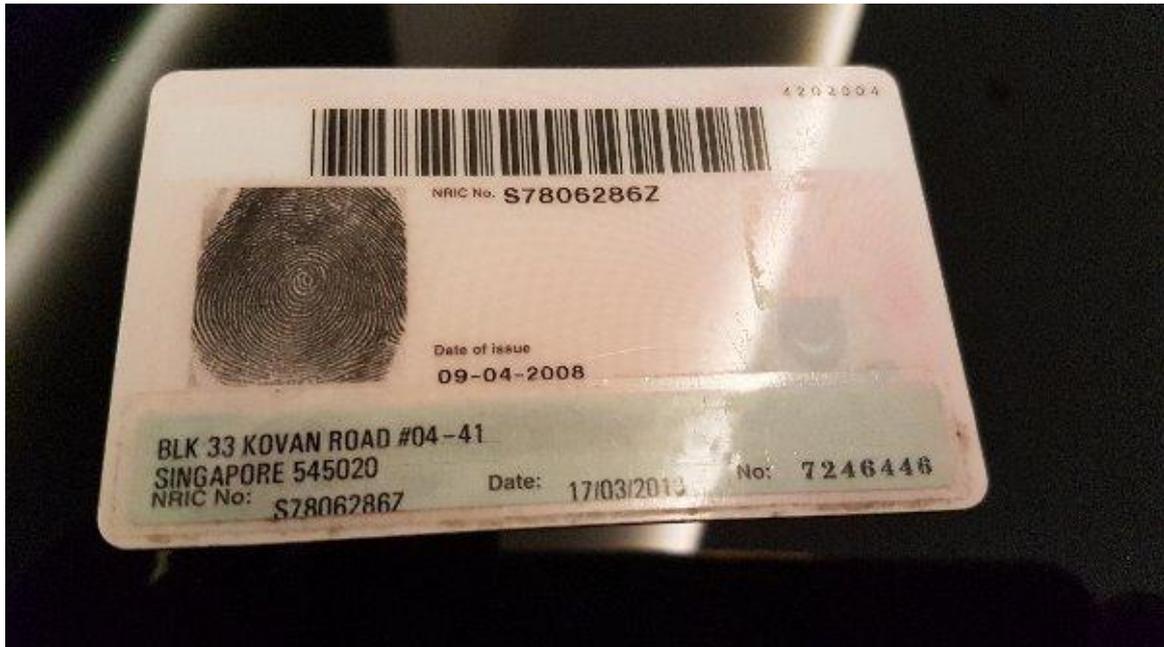
Driving License



Identification Card



Identification Card



4202004



NRIC No. S7806286Z



Date of issue
09-04-2008

BLK 33 KOVAN ROAD #04-41
SINGAPORE 545020
NRIC No: S7806286Z

Date: 17/03/2013

No: 7246448