Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 14/09/2018 10:49

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/09/2018 08:54
Date Of Accident	12/09/2018 17:45
Exact Location Of Accident	CAR PARK OF TESSARINA CONDOMINIUM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU8742K
Insured/Policyholder	
Name Of Registered Owner	TEO CHEW TECK AUGUSTINE
NRIC No	S1424488C
Email Address	TEOGUS@MSN.COM
Mobile Phone No	(LOCAL) +65-90111245
Alternative Phone No	Others-90111245
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA SPORT
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	2100242179-07
Cover Note Number	
Driver	
Name of Driver	TEO CHEW TECK AUGUSTINE
NRIC No	S1424488C
Date Of Birth	20/08/1960
Occupation	INDOOD

INDOOR

17/05/2004

14 YEARS AND 3 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-90111245

Fax Number

Contact Number

EMail Address TEOGUS@MSN.COM

22 WILBY ROAD Address

THE TESSARINA #08-10 SINGAPORE

Postcode 276306 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

NO

NO

1

NO

General Information of the Accident

Type Of Accident SIDE SWIPE **Weather Conditions** IN A CAR PARK

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

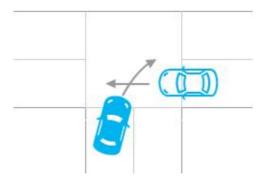
Circumstances of Accident

#tjunction Turning into main road & amp; Moving straight ahead SJU8742 SHB1018M My passageway is a one way street. I saw a vehicle coming from the left and the corner on the right was a blind corner. I was driving slowly and came out a little too far to check the blind corner and the other car came past and I could not stop in time.

Attachment(s)

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

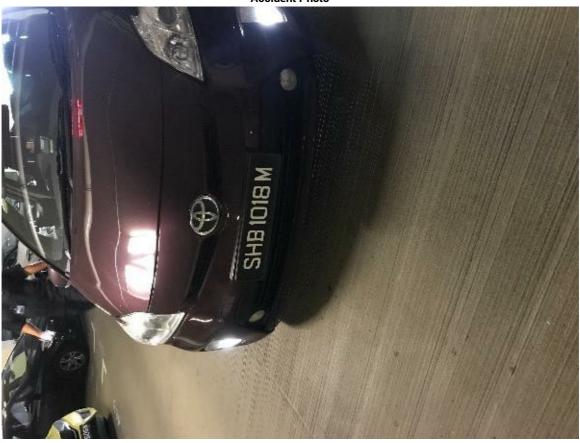
Sketch Plan



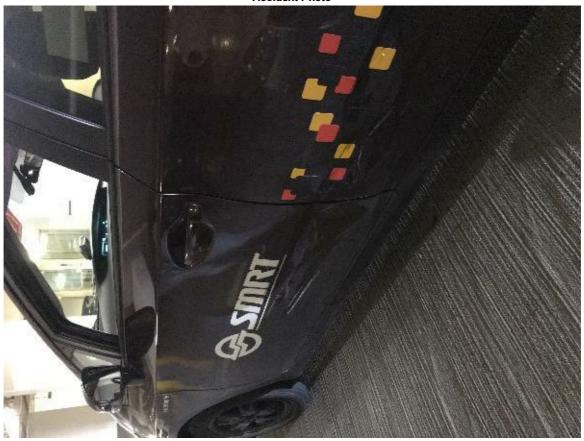
Accident Photo



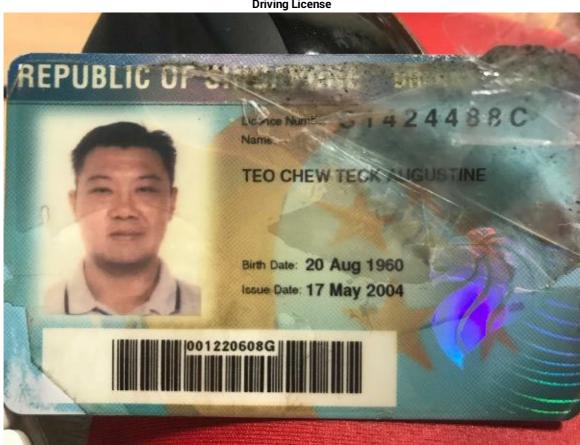
Accident Photo

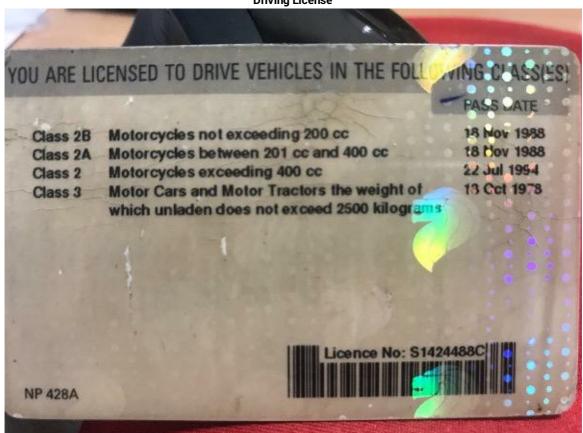


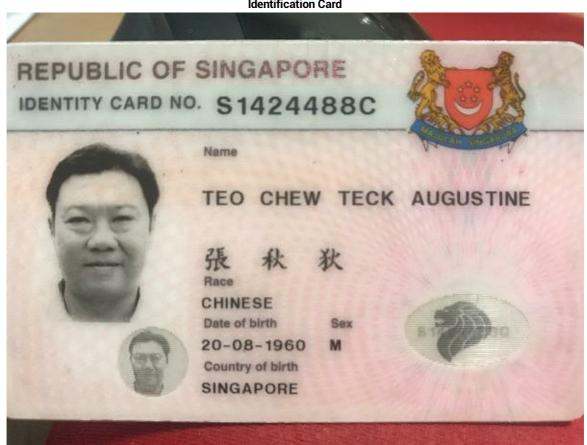




Driving License







Identification Card

