

## 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 liability.
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	13/11/2018 18:33
Date Of Accident	20/09/2018 11:00
Exact Location Of Accident	SOO CHOW DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS4410T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN PHENG CHUANG
NRIC No	S6820542E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98348579
Alternative Phone No	Office-98348579

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 DUAL
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	2100409220-03
Cover Note Number	

### Driver

Name of Driver	TAN PHENG CHUANG
NRIC No	S6820542E
Date Of Birth	29/06/1968
Occupation	INDOOR
Date Of Driving Pass	16/12/2002
Driving Experience	15 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98348579
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	5 PEMIMPIN DRIVE #18-03 SINGAPORE
Postcode	576149
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	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?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

#carpark Moving forward or reversing into parking lot & Parked SKS4410T SKN4860D Per my attached police report I was not even aware that an accident had happened or that I had collided with the parked car. As such I did not make any police report nor inform AIG until I received a notice from Traffic police on the alleged accident. I could not identify any damage to my car.

#### 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

## Sketch Plan



## Driving License



# Accident Photo



# Identification Card



# Identification Card

