SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	03/12/2018 10:27
Date Of Accident	02/12/2018 12:15
Exact Location Of Accident	ROAD OUTSIDE 6 SUNRISE AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD311M
Insured/Policyholder	
Name Of Registered Owner	LIM WEE KIAK
NRIC No	S6847995I
Email Address	WEEKIAK@STARHUB.NETS.SG
Mobile Phone No	(LOCAL) +65-97801322
Alternative Phone No	Others-63666880
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XF 2.2 DIESEL LUXURY
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	2100337286-05
Cover Note Number	
Driver	
Name of Driver	LIM WEE KIAK
NRIC No	S6847995I
Date Of Birth	27/12/1968

INDOOR

27/02/2003

15 YEARS AND 9 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-97801322

Fax Number

Contact Number

EMail Address WEEKIAK@STARHUB.NETS.SG

28 SUNRISE AVE Address

SINGAPORE

Postcode 806685 NO

Was driver an employee of the Insured's Company

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

NO

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?

Was any other material or property damaged? YES

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?

If Yes, against whom?

Circumstances of Accident

#carpark Moving & D311M SKK8117G Accidentally hit the parked car while trying to avoid an oncoming car

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SKK8117G Vehicle Registration Number

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



Accident Photo



Accident Photo



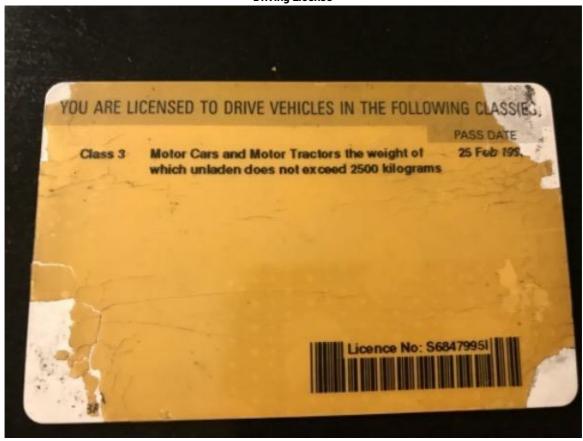
Accident Photo



Driving License



Driving License





Identification Card

