

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	07/02/2019 08:48
Date Of Accident	24/01/2019 19:00
Exact Location Of Accident	CARPARK AT SMC 1818BLK 719 HAVELOCK ROAD, S 16964
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4092U
Insured/Policyholder	
Name Of Registered Owner	ONG CHEW MENG
NRIC No	S1827226A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97896360
Alternative Phone No	Office-97896360

Vehicle Particulars

Manufacturer	VOLVO
Model	S60 T2
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	1800015101
Cover Note Number	

Driver

Name of Driver	ONG CHEW MENG
NRIC No	S1827226A
Date Of Birth	15/08/1967
Occupation	INDOOR
Date Of Driving Pass	19/06/2003
Driving Experience	15 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97896360
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	25 JALAN TARI PAYONG MORNING DEW, THE SINGAPORE
Postcode	799271
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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.	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

#carpark Moving forward or reversing into parking lot & Parked SLW4092U SMC1818G WSV19000298 Accident_Description
While reverse parking I was driving very closely and slowly into the lot. Although very close there was no physical knock nor contact with the front vehicle throughout my parking process. After parking the driver claimed that there was a dent and scratch mark caused by my vehicle. As I saw no sign of any dent nor scratch mark on both vehicles we just exchanged particulars and moved on. Subsequently the driver called me on 3 Feb 19 and wanted to claim the repairs in which I was puzzled of any repairs required. Thus this report was filed for future reference

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC1818G
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



Accident Photo



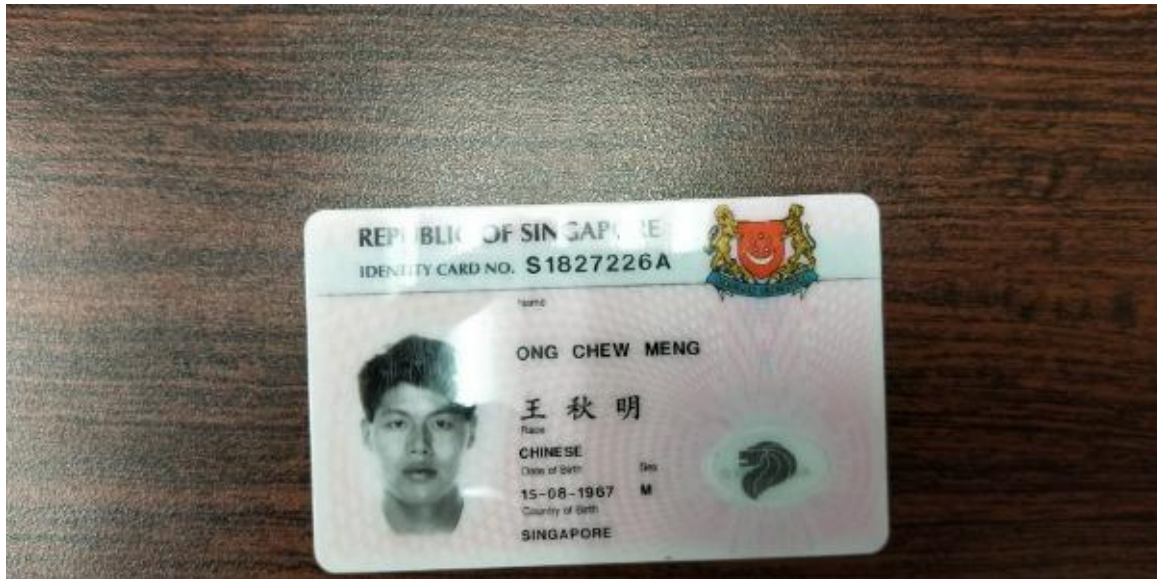
Driving License



Driving License



Identification Card



Identification Card

