Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 28/02/2019 16:46

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 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.

aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/02/2019 14:20
Date Of Accident	24/02/2019 13:15
Exact Location Of Accident	80 JALAN DAUD S419591
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKU4810L
Insured/Policyholder	
Name Of Registered Owner	LORRAINE WONG LEI CHING
NRIC No	S6932327H
Email Address	LORRAINE@DISTINCTIONS.COM.SG
Mobile Phone No	(LOCAL) +65-96382545
Alternative Phone No	Office-67173546
Vehicle Particulars	
Manufacturer	VOLVO
Model	S60 D2 R-DESIGN
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	2100423290-03
Cover Note Number	
Driver	
Name of Driver	LORRAINE WONG LEI CHING
NRIC No	S6932327H
Date Of Birth	17/09/1969

INDOOR

17/07/2004

14 YEARS AND 7 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96382545

Fax Number

Contact Number

EMail Address LORRAINE@DISTINCTIONS.COM.SG

80 JALAN DAUD Address

#05-03 SINGAPORE

Postcode 419591 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

2

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 (including own vehicle)

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) 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

WSVC19000498 Accident_Description I was turning out of the lot and didn't realise that the neighbour's car was parked a little out of the lot. I turned left and it was then I swiped against the right corner of the car.

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

SKV7576M 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

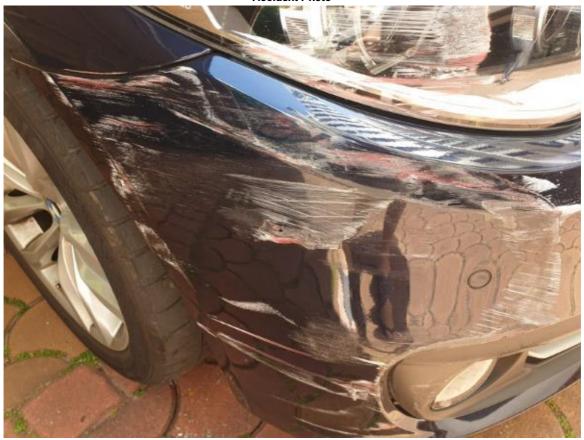
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo





Accident Photo

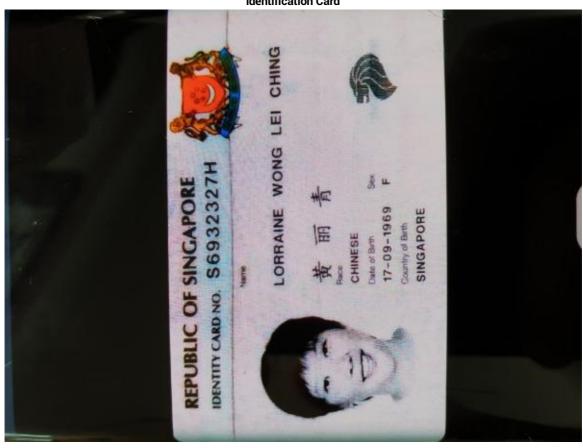




Driving License



Identification Card



Blood Goarp Date: 19/02/2012 No: 7001180