

## 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	07/05/2019 11:56
Date Of Accident	23/04/2019 09:00
Exact Location Of Accident	BLK 441A PASIR RIS DR 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1857L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA WING YEE
NRIC No	S1210336J
Email Address	JAMES.CHIA26@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96347826
Alternative Phone No	Office-92212069

### Vehicle Particulars

Manufacturer	KIA
Model	CARENS 2.0 A GDI
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	2100433672-03
Cover Note Number	

### Driver

Name of Driver	CHIA WAI MUN
NRIC No	S8025432F
Date Of Birth	26/08/1980
Occupation	INDOOR
Date Of Driving Pass	21/06/2004
Driving Experience	14 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-92212069
Fax Number	
Contact Number	
EMail Address	JAMES.CHIA26@GMAIL.COM
Address	558 PASIR RIS STREET 51
Postcode	510558
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

Circumstances Of Accident #others, Accident\_Scenario Upload the drawing sketch plan. Accident\_Description I accidentally grazed the top right corner of the other car SJT8307P while exiting the lot as the car was parked in a way that was exceeding the edge of the lot. It was a very minor graze with no damage to my vehicle.

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT8307P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

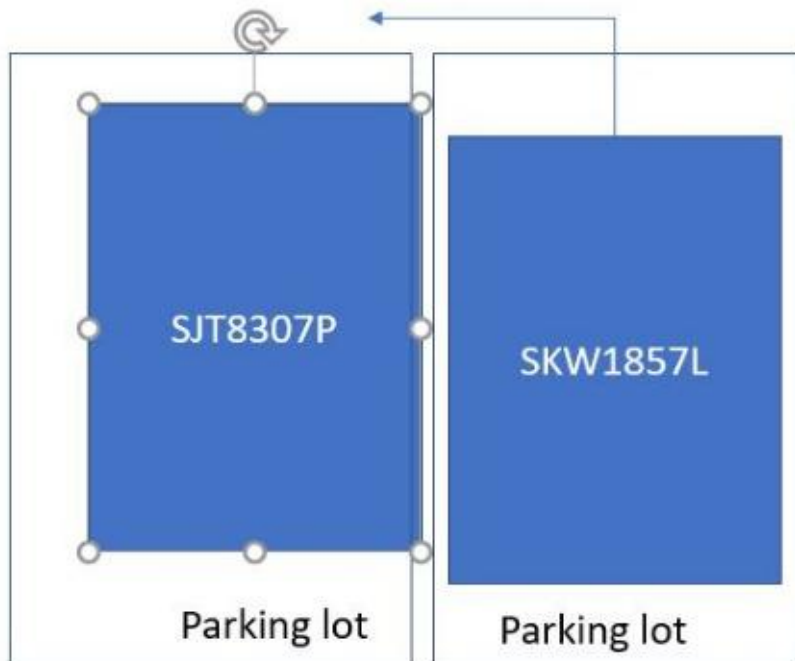
Postcode

Insurance Company Name

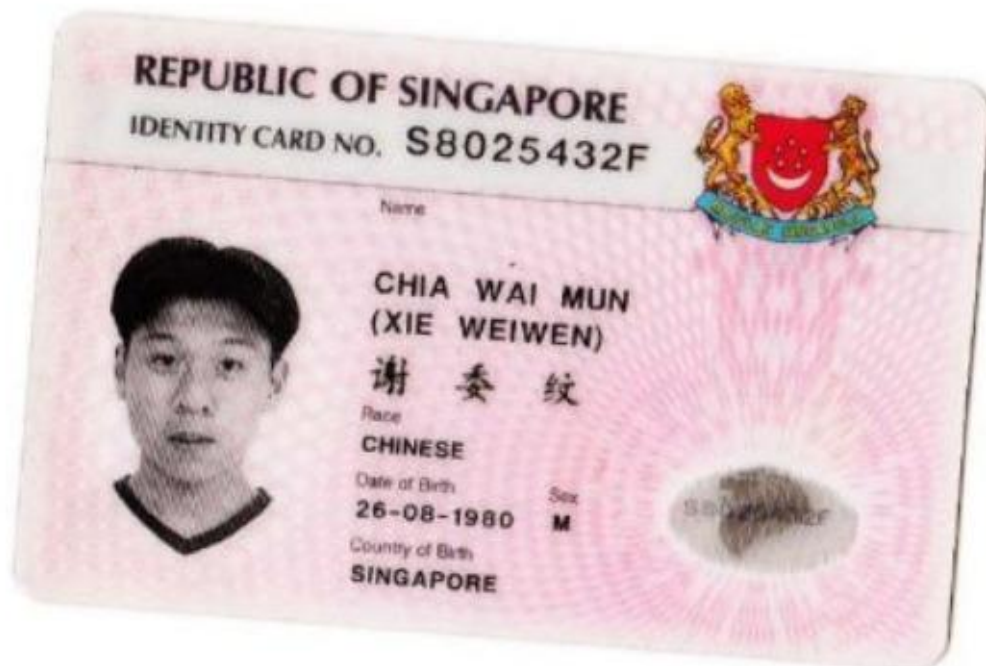
Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan



### Driver's Nric (Front)



Driver's Nric (Back)



Driving License

