

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	17/05/2019 15:27
Date Of Accident	17/05/2019 08:20
Exact Location Of Accident	2D HONG SAN WALK PALM GARDEN, PALM 5 BASEMENT CARP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT1672G
Insured/Policyholder	
Name Of Registered Owner	YAP KIM LEE (YE JINLI)
NRIC No	S7677065D
Email Address	JANETYAP_17@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93892076
Alternative Phone No	Office-93892076

Vehicle Particulars

Manufacturer	SUBARU
Model	NEW FORESTER 2.0XT
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	1700068025-01
Cover Note Number	

Driver

Name of Driver	YAP KIM LEE (YE JINLI)
NRIC No	S7677065D
Date Of Birth	17/08/1976
Occupation	INDOOR
Date Of Driving Pass	17/02/2003
Driving Experience	16 YEARS AND 3 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-93892076
Fax Number	
Contact Number	OFFICE-93892076
E-Mail Address	JANETYAP_17@YAHOO.COM.SG
Address	2D HONG SAN WALK PALM GARDENS #06-09 SINGAPORE
Postcode	689050
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 (including own vehicle) involved in the accident	2
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

#carpark Moving in/ out of parking lot & Reversing SLT1672G SLX2303U WSVC19001071 Accident_Description It happened today 17th May 2019 morning at 8.20am at my residence basement carpark. As I am moving out from the carpark lot I accidentally hit on the left side stationary car of carplate no. SLX2303U on its side right bottom bumper. There is no driver or passenger inside SLX2303U at the point of time.

Attachment(s)

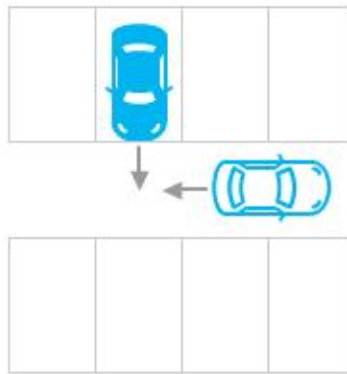
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
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



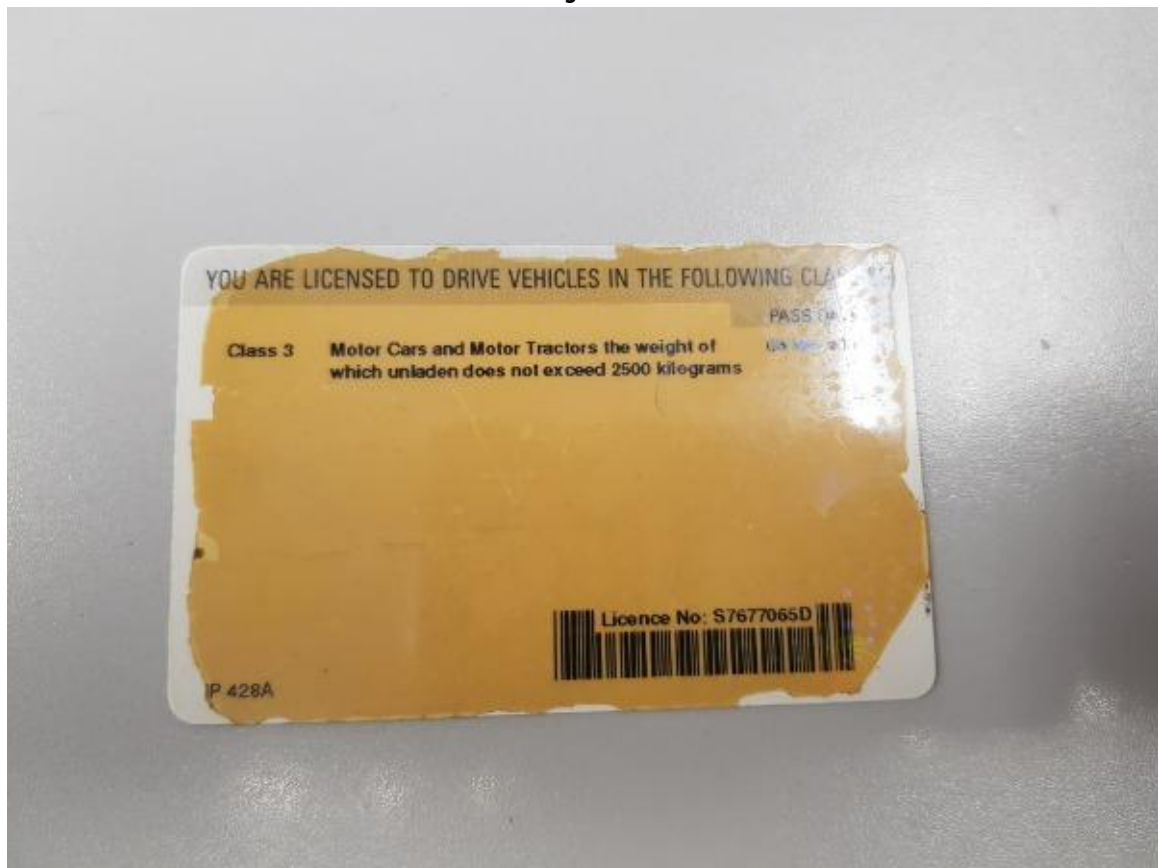
Accident Photo



Driving License



Driving License



Identification Card



Identification Card

