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

foresaid.	A COURTNIT OT ATTACKIT
	ACCIDENT STATEMENT
Date Of Report	27/05/2019 22:41
Date Of Accident	27/05/2019 12:50
Exact Location Of Accident	UBI AVE 1, CAR PARK NO. GEKU9
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS5596Y
Insured/Policyholder	
Name Of Registered Owner	CHUA NAI BIN ALVIN
NRIC No	S1573305E
Email Address	ALVINCHUANB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97900697
Alternative Phone No	Others-97900697
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS 1.7 DIESEL EX
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
f 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	1700056186-01
Cover Note Number	
Driver	
Name of Driver	CHUA NAI BIN ALVIN
NRIC No	S1573305E
Date Of Birth	23/03/1963

OUTDOOR

22/04/1992

27 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97900697

Fax Number

Contact Number OTHERS-97900697

EMail Address ALVINCHUANB@GMAIL.COM

Address 22 FERNWOOD TERRACE

#04-01 SINGAPORE

Postcode 458553
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

enicie

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident SIDE SWIPE
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? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

North and Paragraphy (In all disas Poisson)

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

Circumstances Of Accident #carpark, Accident_Scenario Moving & Samp; Parked, Blue Car SMD7117B, White Car SLS5569Y. Accident_Description As I was trying to park my car into a proper parking lot beside vehicle (SMD7117B) but because of a lorry and and a van parked illegally along Double Yellow Line facing the parking lot. The space of maneuvering became narrow. As I move my car into the lot my side door grazed the front corner bumper (driver side) of SMD7117B (see picture attached).

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 SMD7117B

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



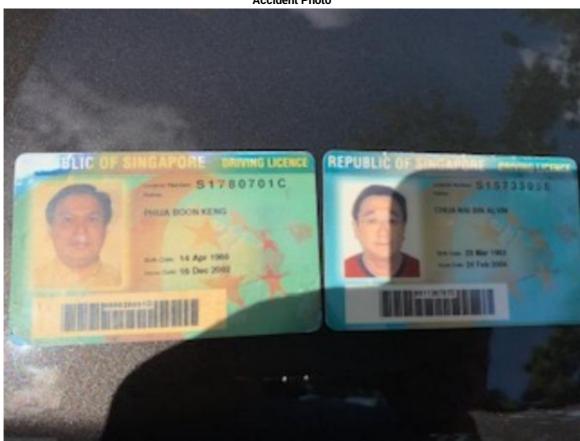
Insd Driving License & Third Party Driving License (Front)



Accident Photo



Accident Photo



Accident Photo

