

## 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	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
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### 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
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	1700056186-01
Cover Note Number	

### Driver

Name of Driver	CHUA NAI BIN ALVIN
NRIC No	S1573305E
Date Of Birth	23/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1992
Driving Experience	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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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.	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 #carpark, Accident\_Scenario Moving & 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 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

