Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/06/2019 16:05

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.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/06/2019 19:52
Date Of Accident	30/05/2019 06:45
Exact Location Of Accident	CARPARK, SINGAPORE CHANGI AIRPORT TERMINAL 2.
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR4314T
Insured/Policyholder	
Name Of Registered Owner	CHEE WERN LING
NRIC No	S1599124J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94552613
Alternative Phone No	Others-62417096
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT 1.8 TFSI
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	1900003062
Cover Note Number	
Driver	
Name of Driver	CHEE KENG SOON
NRIC No	S0077223B
Date Of Birth	04/10/1933

INDOOR

16/09/2003

15 YEARS AND 8 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-94552613

Fax Number

Contact Number OTHERS-62417096

EMail Address NOEMAIL

7 JALAN BULOH PERINDU Address

SINGAPORE

Postcode 457665 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **PARENT**

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**

2

NO

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

#carpark Moving forward or reversing into parking lot & SKR4314T sfp2383D WSVC19001251 Accident_Description Graze other car while backing into parking lot.

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

SFP2382D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

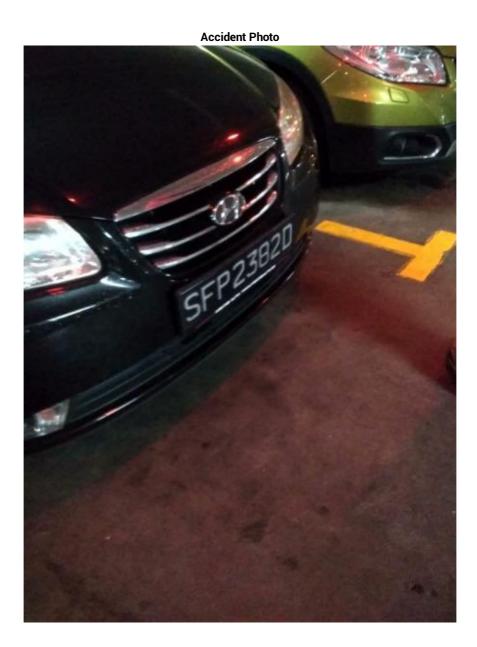
Insurance Company Name

Nature Of Damage

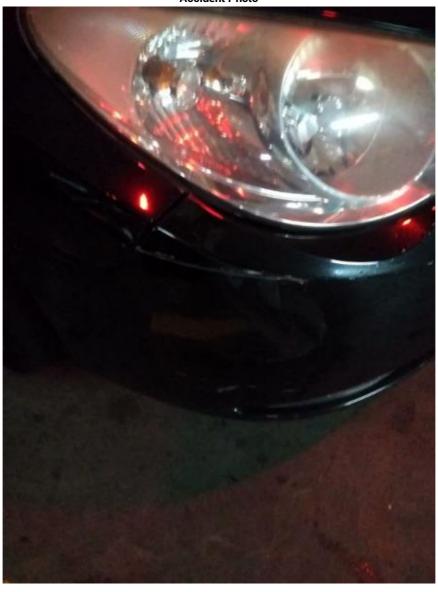
No. Of Passenger (Including Driver)

Sketch Plan





Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGRAP OR LOWER PROPERTY OR LOWER PROPERTY OF SINGRAP OR LOWER PROPERTY OR LOWER PROPERTY OR LOWER PROPERTY OF SINGRAP OR LOWER PRO

Driving License



Identification Card



Identification Card

