

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	10/07/2019 08:23
Date Of Accident	09/07/2019 07:15
Exact Location Of Accident	EAST COAST PARKWAY MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3732J
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Insured/Policyholder

Name Of Registered Owner	KAREN KOH WAN KAI
NRIC No	S7224936D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83683353
Alternative Phone No	Office-88280818

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-TURBO
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	1800106756
Cover Note Number	

Driver

Name of Driver	KOH AIK KOON (GAO YIKUN)
NRIC No	S7224936D
Date Of Birth	30/05/1975
Occupation	INDOOR
Date Of Driving Pass	24/06/2000
Driving Experience	19 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-83683353
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	39 JALAN TIGA #10-14 SINGAPORE
Postcode	390039
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	RAINING
Road Surface	WET

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)	2
Passenger 1	Name: : sho yong fong Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	DAKOTA POLICE POST
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

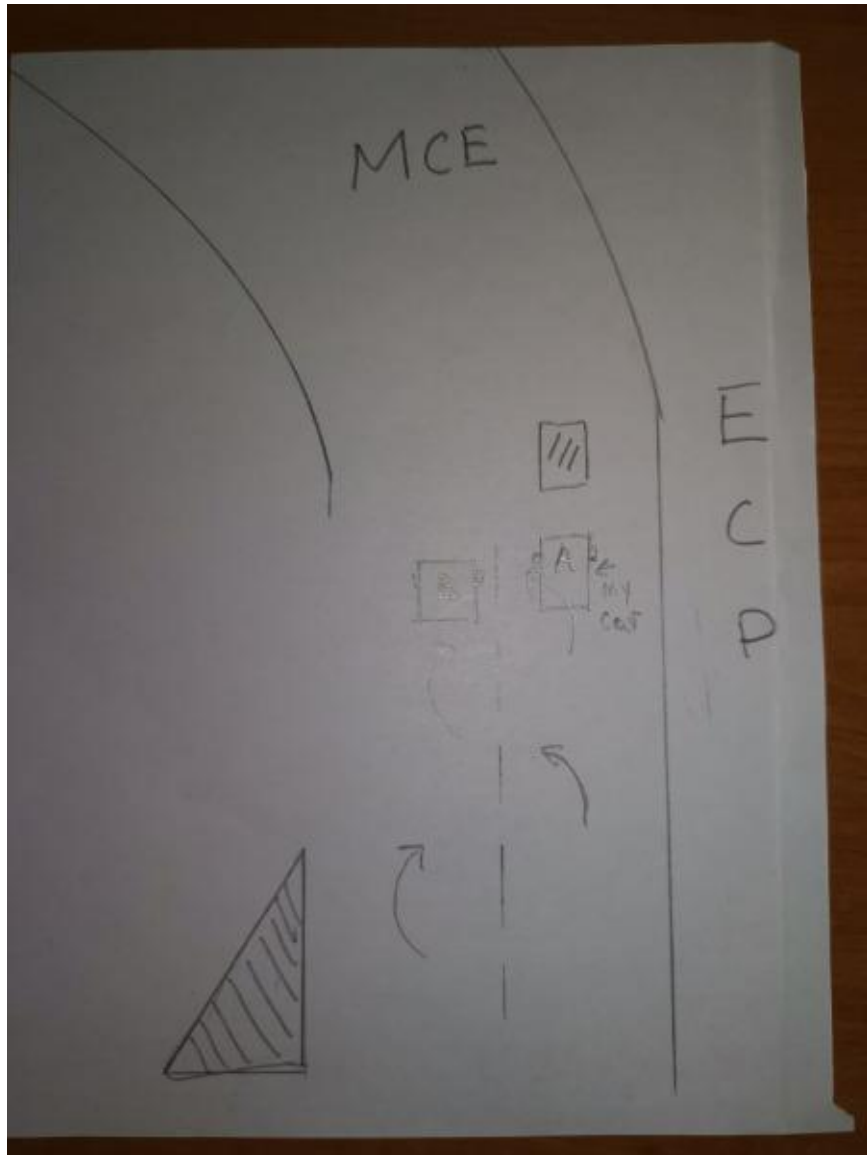
WSVC19001455 Accident_Description I was driving my vehicle along Fort Road turning into ecp mce as I was driving on the right lane going into a merging lane along ecp mce. There was a vehicle coming from my left driving into the merging lane and the vehicle right side mirror gently hit on my left side mirror. There was no damages on my vehicle and there was no injuries on me. But the other party said she will make claims against my insurance as there was a tinny scratches on the right side mirror. Kindly investigate. Your help and investigation means a lots to me. Thanks.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO / AUDIO NOT SUBMITTED
Was there any audio recorded?	NO

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



Accident Photo



Driving License



Driving License



Identification Card



Identification Card

2948025

NRIC No. **S7516028C**

APT BLK 20 MARINE TERRACE #10-132
SINGAPORE 440020

NRIC No. **S7516028C**

Date **30/12/2018**

Blood Group **A+** Date of issue

