

## 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	07/08/2019 14:25
Date Of Accident	07/08/2019 07:00
Exact Location Of Accident	WHEN I WAS RETRIEVING MY CAR FROM MY CARPARK THIS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1333C
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### Insured/Policyholder

Name Of Registered Owner	GOH LISHAN SARA
NRIC No	S8122683J
Email Address	SARAGOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98444367
Alternative Phone No	Office-97629966

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ A180 BE STYLE
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	2100500508-02
Cover Note Number	

### Driver

Name of Driver	GOH LISHAN SARA
NRIC No	S8122683J
Date Of Birth	31/07/1981
Occupation	INDOOR
Date Of Driving Pass	04/02/2002
Driving Experience	17 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98444367
Fax Number	
Contact Number	
E-Mail Address	SARAGOH@HOTMAIL.COM
Address	12B HOUGANG STREET 11 #01-63 SINGAPORE
Postcode	534073
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?	
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

Only discovered damages on car when i retrieved car

#### 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	NA/UNKNOWN
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

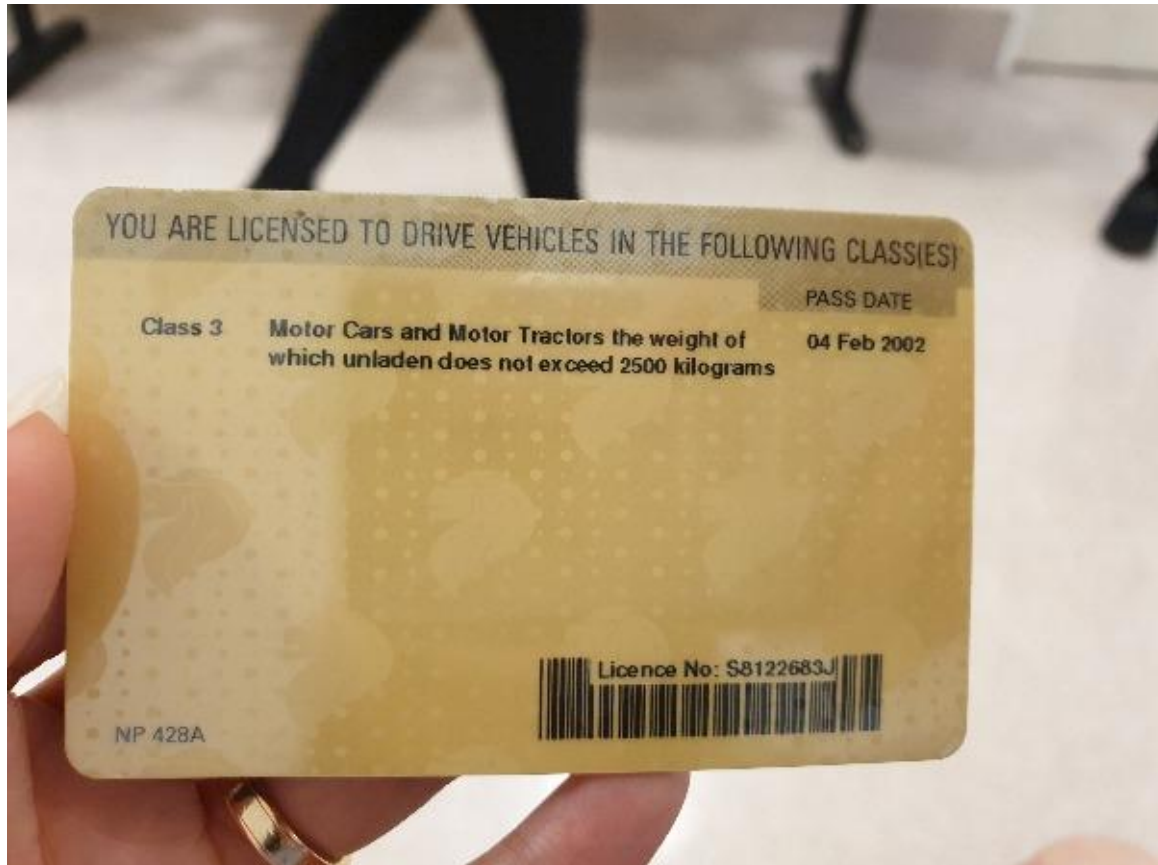


Driving License





# Driving License



Identification Card

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S8122683J**



Name  
**GOH LISHAN SARA**

**吴 丽 珊**

Race  
**CHINESE**

Date of birth  
**31-07-1981**

Sex  
**F**

Country/Place of birth  
**SINGAPORE**



Identification Card

