

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	12/08/2019 15:25
Date Of Accident	12/08/2019 12:20
Exact Location Of Accident	CLEMENTI MALL BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT3233Z
Insured/Policyholder	
Name Of Registered Owner	CHEW SEE MOI
NRIC No	S1132293Z
Email Address	JIZHENG86@GMAUL.COM
Mobile Phone No	(LOCAL) +65-97739579
Alternative Phone No	Office-92217209

Vehicle Particulars

Manufacturer	MAZDA
Model	3 1.5 SKYACTIV
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	2100401300-04
Cover Note Number	

Driver

Name of Driver	YANG JIZHENG
NRIC No	S8605505H
Date Of Birth	19/02/1986
Occupation	INDOOR
Date Of Driving Pass	28/09/2006
Driving Experience	12 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98789682
Fax Number	
Contact Number	
EEmail Address	JIZHENG86@GMAUL.COM
Address	91 WEST COAST DRIVE, HUNDRED TREES #07-21
Postcode	128017
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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
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	3
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?	YES
If Yes,Please state which Police Station	
POLICE STATION NAME [OTHER]	CLEMENTI NPP
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

WSVC19001713 Accident_Description Had just turned out of the car park lot after buying lunch. the soup was on the carpet floor on the passenger side. saw the bag falling over tried to reach over to save the bag loss control of the car and hit the parked cars.

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	SLG3604J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



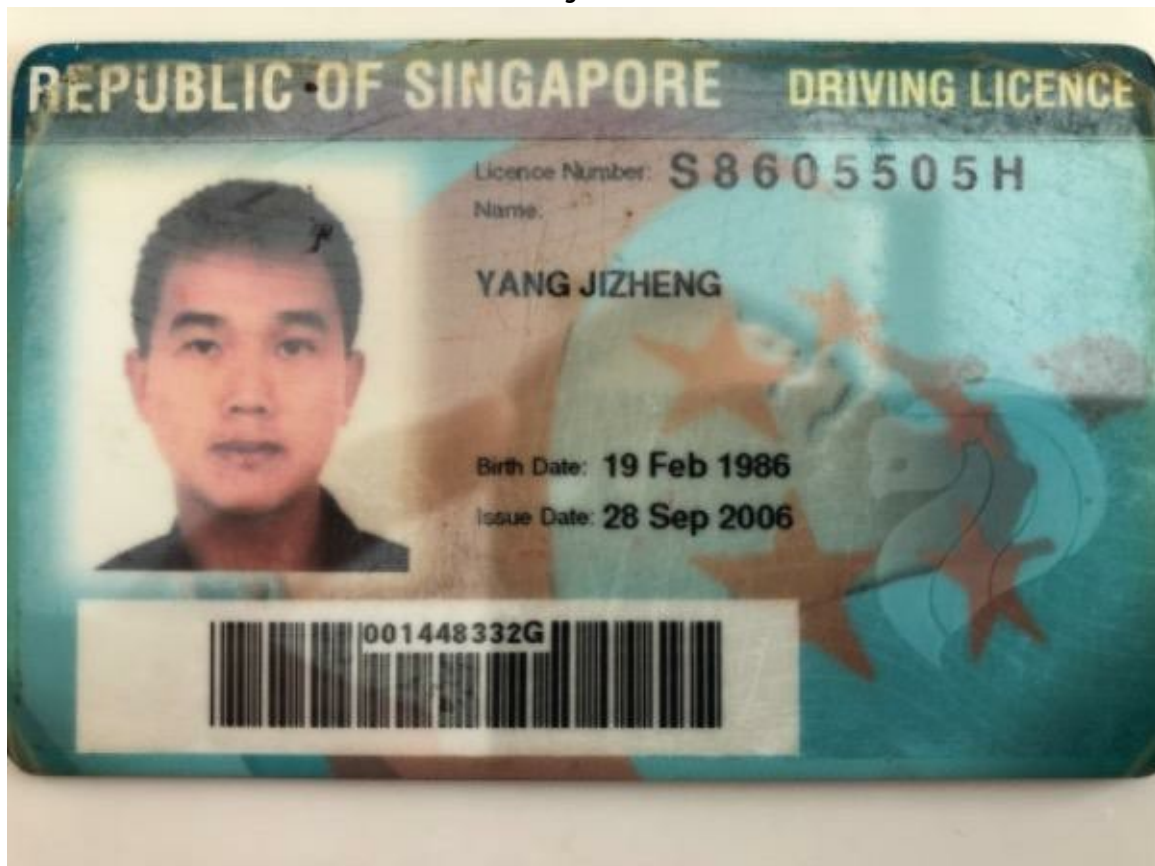
Accident Photo



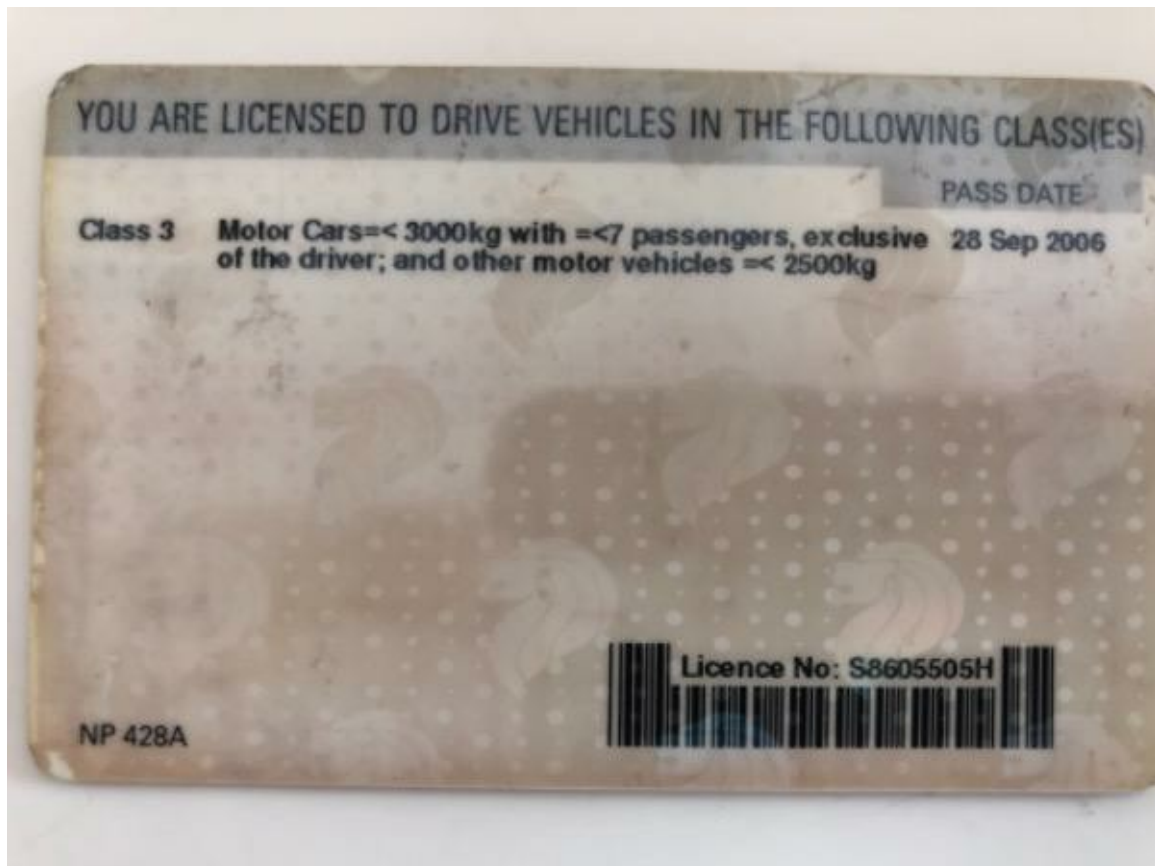
Accident Photo



Driving License





Identification Card



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8605505H





Name
YANG JIZHENG
楊 紀 政

Race
CHINESE

Date of birth
19-02-1986

Sex
M

Country/Place of birth
SINGAPORE



Identification Card

