MAHA19113649 / AIG Asia Pacific Insurance Pte. Ltd. - SG
ENTRY DATE & TIME: 28/08/2019 14:33
SUBMITTED BY: Chua, TienZhu

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 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.

ACCIDENT STATEMENT	
Date Of Report	28/08/2019 14:33
Date Of Accident	27/08/2019 20:45
Exact Location Of Accident	43-45F LORONG L TELOK KURAU
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKL5499T
Insured/Policyholder	
Name Of Registered Owner	LOO TING LOY
NRIC No	S7031656J
Email Address	ALISONLOO95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90481280
Alternative Phone No	Office-90481280
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SPORTBACK 1.4 TFSI (AMBIENTE)
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	2100357443-05
Cover Note Number	
Driver	
Name of Driver	LOO LYE KIT
NRIC No	S9515303H
Date Of Birth	11/04/1995
Occupation	INDOOR
Date Of Driving Pass	18/08/2014
Driving Experience	5 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96583105
Fax Number	
Contact Number	
EMail Address	ALISONLOO95@GMAIL.COM
Address	572 ANG MO KIO AVENUE 3 #06-3363 SINGAPORE 560572
Postcode	560572
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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

Circumstances Of Accident #carpark Accident_Scenario Moving forward or reversing into parking lot & Parked Blue Car SKL5499T White Car SMM534D I was reversing while trying to straighten the car so I could drive out of the lane and it hit the back of the parked 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	SMM534D
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