# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/10/2019 10:50

#### 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

	ACCIDENT STATEMENT
Date Of Report	16/10/2019 17:45
Date Of Accident	03/10/2019 11:00
Exact Location Of Accident	BLK 402 HOUGANG STREET 21 OPEN CARPARK
Country/State of Loss	SINGAPORE
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DETAILS OF OWN VEHICLE
Vehicle Registration Number	EC92J
Insured/Policyholder	
Name Of Registered Owner	KUM KIM HUAT
NRIC No	S2510103J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96321818
Alternative Phone No	Office-96389388
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	BENZ GLC250 COUPE
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	1900098435
Cover Note Number	
Driver	
Name of Driver	TEO GIOK HUA
NRIC No	S0172786I
Date Of Birth	26/10/1954
Occupation	INDOOR

**INDOOR** 

04/01/2003

16 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96321818

Fax Number

Contact Number OFFICE-96389388

EMail Address NOEMAIL

Address 22A GLASGOW ROAD

**SINGAPORE** 

Postcode 549334
Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

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Insurance Company of Driver's Own Vehicle

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#### **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

NO

NO

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

#carpark Moving & EC92J SLQ9697Z WSVC19002107 Accident\_Description SLQ9697Z front bumper dropped out when my car turn out from the parking lot however the SLQ9697Z car front bumper was badly damaged before that and a witness thinks that

#### 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 SLQ9697Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

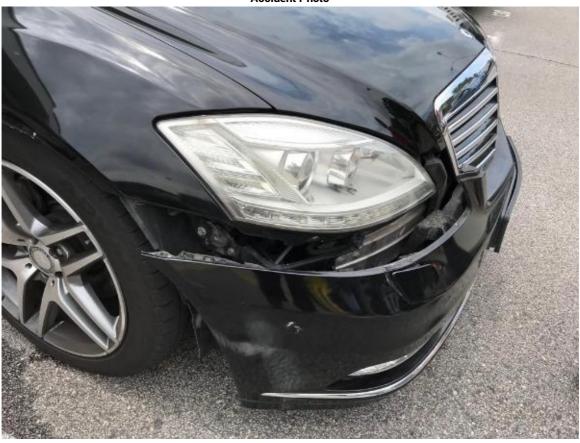
Nature Of Damage

No. Of Passenger (Including Driver)

## **Sketch Plan**



# **Accident Photo**



# Accident Photo



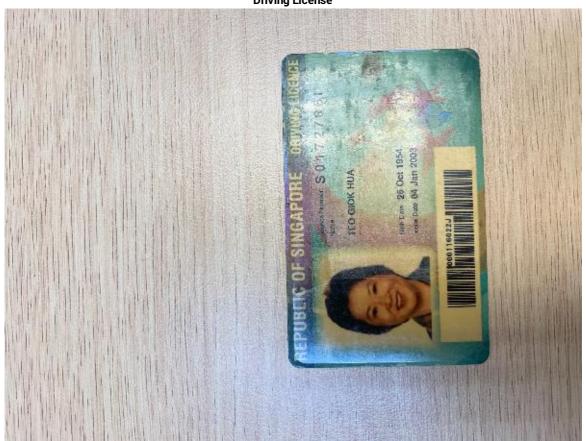








**Driving License** 



**Driving License** 



# **Identification Card**



# **Identification Card**

