MAHA19151982 / AIG Asia Pacific Insurance Pte. Ltd. - SG ENTRY DATE & TIME: 18/11/2019 11:58 SUBMITTED BY: Paramchand, Vashar

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 1. Please report <u>correctly</u> 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

	ACCIDENT STATEMENT
Date Of Report	18/11/2019 11:58
Date Of Accident	17/11/2019 09:50
Exact Location Of Accident	61 MEYER ROAD THE ATRIA CONDOMINIUM BASEMENT CARPA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR5533J
Insured/Policyholder	
Name Of Registered Owner	GOH TZU HUI
NRIC No	S7401660Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96909541
Alternative Phone No	Office-97970667
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TIGUAN 1.4
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
f 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	1900149830
Cover Note Number	
Driver	
Name of Driver	GOH TZU HUI
NRIC No	S7401660Z
Date Of Birth	30/01/1974
Occupation	INDOOR
Date Of Driving Pass	15/08/2003

16 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96909541

Fax Number

Contact Number

EMail Address NOEMAIL

Address 61 MEYER ROAD

ATRIA AT MEYER, THE #06-04 SINGAPORE

Postcode 437885
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 SGY5965T

Vehicle Registration Number of Driver's Own
Vehicle -

noic

Insurance Company of Driver's Own Vehicle Aviva Ltd

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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.

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

#carpark Moving & SLR5533J Slq5935m WSVC19002339 Accident_Description Both cars parked next to each other with SLR5533J on the right side. SLR5533J moved off and rear left side scratched slq5935m front right bumper.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: AUDIO / VIDEO NOT PROVIDED

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

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

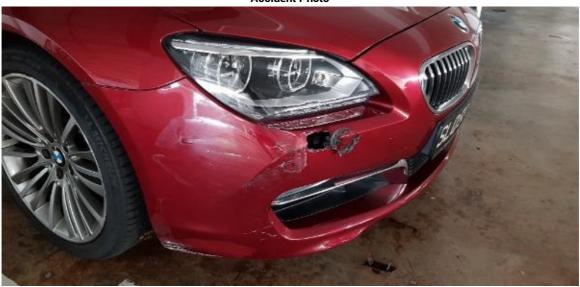
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License



Identification Card



Identification Card

