

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	20/11/2019 19:53
Date Of Accident	20/11/2019 11:40
Exact Location Of Accident	18 JALAN MEMBINA, BASEMENT CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3231M
Insured/Policyholder	
Name Of Registered Owner	CHAI ULVA
NRIC No	S7427326B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98236034
Alternative Phone No	Office-64733887

Vehicle Particulars

Manufacturer	MAZDA
Model	5 2.0 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	1700060140-02
Cover Note Number	

Driver

Name of Driver	YEOM HEI SUN
NRIC No	S7480288E
Date Of Birth	12/02/1974
Occupation	INDOOR
Date Of Driving Pass	17/11/2000
Driving Experience	19 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98236034
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	20G WATTEN RISE WATTEN RESIDENCES SINGAPORE
Postcode	287387
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	-
	-
	-
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 SLS3231M White Car SLU4482M Was careless and reversed and contacted corner bumper of parked SLU4482

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO NOT SUBMITTED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU4482M
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



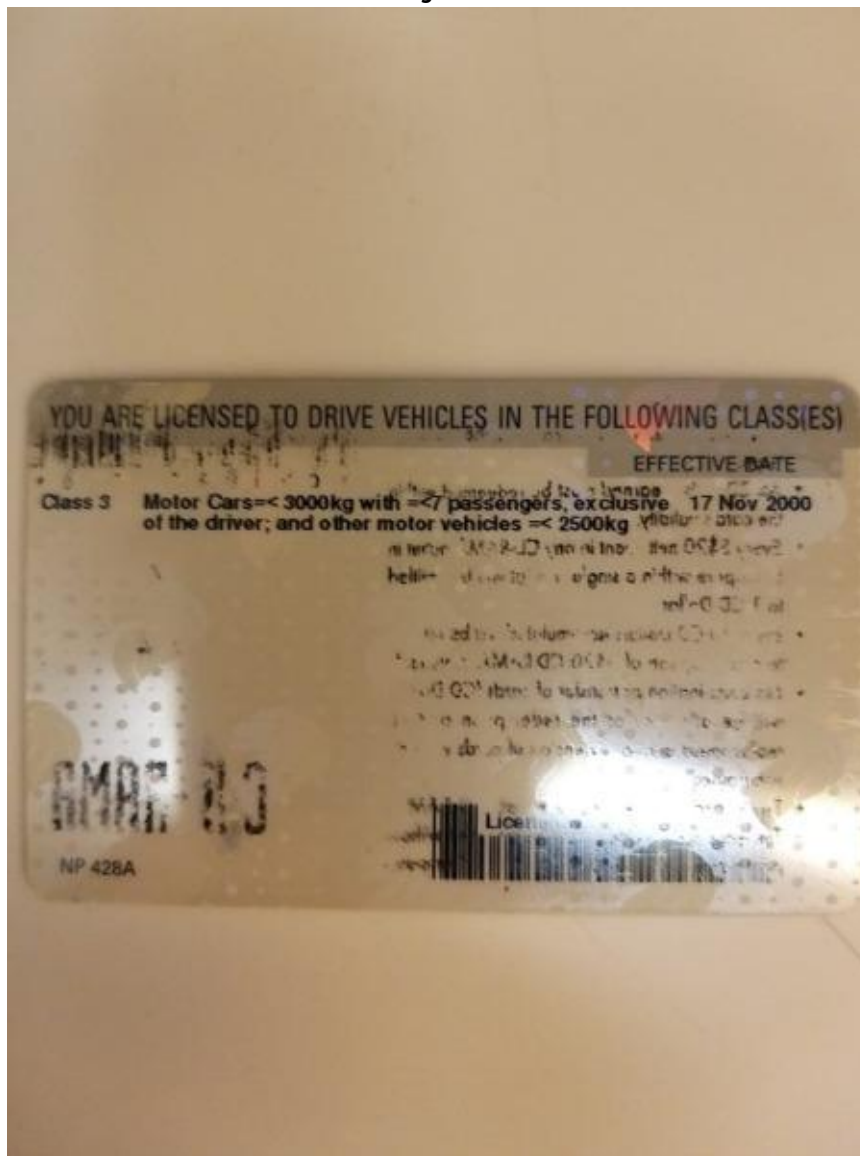
Accident Photo



Driving License



Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7480288E**



Name
YEOM HEI SUN



Race
KOREAN

Date of Birth
12-02-1974

Sex
F

Country of Birth
KOREA, SOUTH



Identification Card

8411807



NRIC No. **S7480288E**

Nationality
KOREAN, SOUTH

Blood Group Date of issue
A+ 13-08-2001

**20G WATTEN RISE
SINGAPORE 287387**

NRIC No: **S7480288E** Date: **04/04/2016**