

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	09/12/2019 12:50
Date Of Accident	27/11/2019 12:05
Exact Location Of Accident	88 BRIGHTS HILL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2195P
Insured/Policyholder	
Name Of Registered Owner	THAM LAI CHENG
NRIC No	S1284176J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96426254
Alternative Phone No	Office-93867574

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6
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	1900133231
Cover Note Number	

Driver

Name of Driver	THAM LAI CHENG
NRIC No	S1284176J
Date Of Birth	03/06/1958
Occupation	INDOOR
Date Of Driving Pass	19/02/2004
Driving Experience	15 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96426254
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	220 ANG MO KIO AVENUE 1 06-813 SINGAPORE
Postcode	560220
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 Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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

#carpark Moving & Parked Blue Car sjs2195p White Car sgs373e Reverse to narrow parking lot. Feel back bot touched the stationed car & found a broader parking lot a few cars away. Return after prayer to assess my own car found no scratch or damage. Assume the other car is not damage cause I am not certain if the allege car left before me. Did not even take notice what is the made of car only know it is white color.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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



Driving License



Driving License

