

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	14/02/2020 15:34
Date Of Accident	03/02/2020 11:30
Exact Location Of Accident	LAGUNA PARK, VISITOR PARKING LOT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5095E
Insured/Policyholder	
Name Of Registered Owner	GOH JENN JIUN (WU ZHENJUN)
NRIC No	S7618496H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91112677
Alternative Phone No	Office-91112677

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI S TRONIC
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	1900168965
Cover Note Number	

Driver

Name of Driver	CHAN PEI FENG, JANET
NRIC No	S8436491F
Date Of Birth	09/11/1984
Occupation	INDOOR
Date Of Driving Pass	05/05/2004
Driving Experience	15 YEARS AND 8 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91112677
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	20 JALAN KUPANG SPRING PARK ESTATE SINGAPORE
Postcode	468617
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	RAINING
Road Surface	WET

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)	2
Passenger 1	Name: : Ethan Goh Shu Han Gender: : Male

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 in/ out of parking lot & Going down / up a slope or rounding a corner Blue Car SJV909U White Car SMP5095E SMP5095E (Vehicle A) was moving out of the parking lot. SJV909U (Vehicle B) was parked to the left of Vehicle A. While moving out of the parking lot Vehicle A hit the front bumper of vehicle B resulting in scratches to the bumper of vehicle B.

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	SJV909U
Vehicle Make/Model/Colour	

Details Of Properties
Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

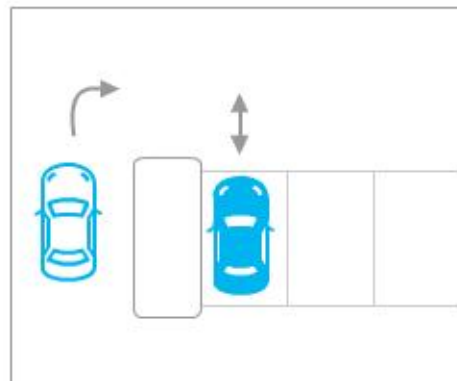
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Driving License



Driving License

