

## 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	08/06/2020 12:08
Date Of Accident	18/03/2020 10:45
Exact Location Of Accident	GLENEAGLES HOSPITAL CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ3118M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TING PANG CHUONG PHILIP
NRIC No	S2500028E
Email Address	XINPLUS.TING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97343993
Alternative Phone No	Office-97343993

### Vehicle Particulars

Manufacturer	LEXUS
Model	GS300
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	0100569962-14
Cover Note Number	

### Driver

Name of Driver	TING PANG CHUONG PHILIP
NRIC No	S2500028E
Date Of Birth	21/01/1955
Occupation	INDOOR
Date Of Driving Pass	24/12/1983
Driving Experience	36 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97343993
Fax Number	
Contact Number	
E-Mail Address	XINPLUS.TING@GMAIL.COM
Address	19A YUK TONG AVE SINGAPORE
Postcode	596324
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	IN THE CARPARK
Road Surface	CARPARK

#### 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: : Ng Siew Hua Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

#others Upload the drawing sketch plan See attached police report

#### 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

NA/UNKNOWN

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



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2500028E

Name:

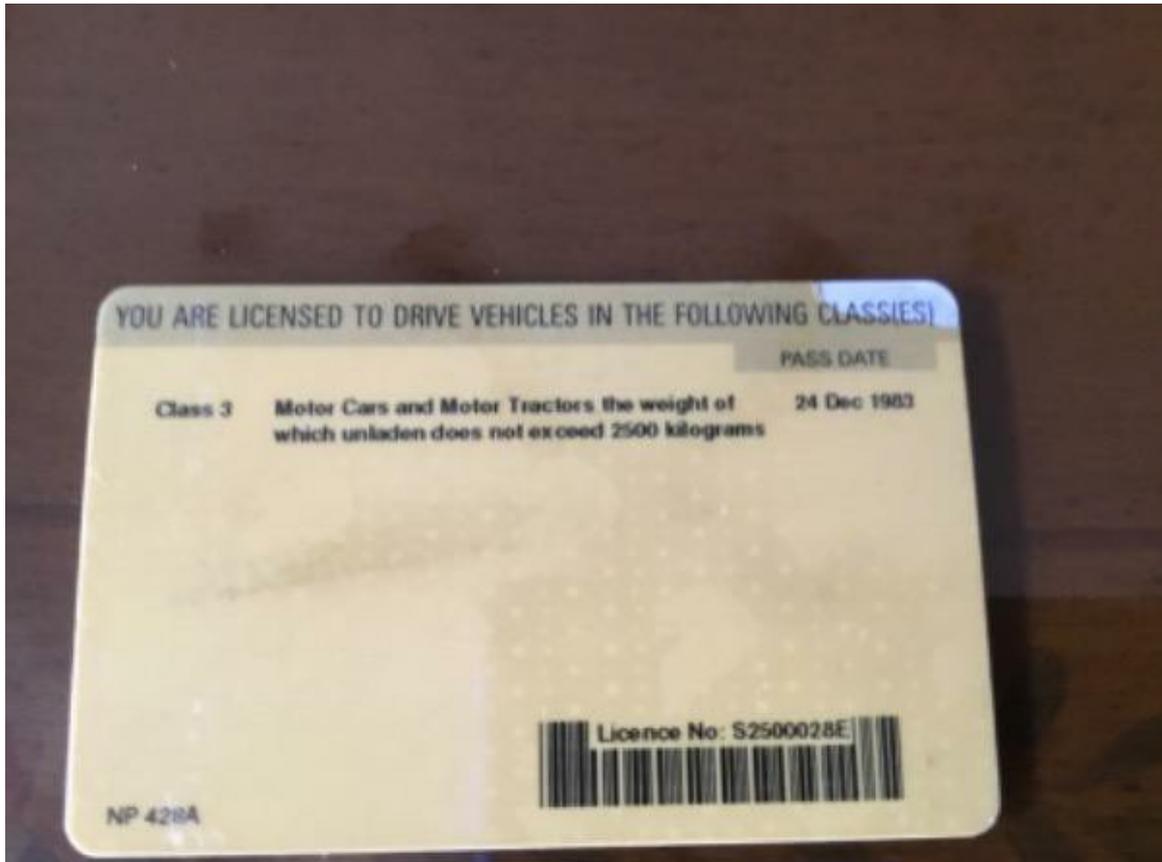
TING PANG CHUONG PHILIP

Birth Date: 21 Jan 1955

Issue Date: 11 Jan 2003



Driving License



Identification Card



Identification Card



Address  
19A YUK TONG AVENUE  
SINGAPORE 596324