

## 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	07/04/2020 11:10
Date Of Accident	28/03/2020 09:00
Exact Location Of Accident	BLOCK 125 TO BLOCK 126, TOA PAYOH LOR 1 CARPARK.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF950H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH YONG HNG (WU RONGXUN)
NRIC No	S1521601H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97633168
Alternative Phone No	Office-97631521

### Vehicle Particulars

Manufacturer	MAZDA
Model	CX9 2.5 SKYACTIV G
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	1900013989
Cover Note Number	

### Driver

Name of Driver	GOH YONG HNG (WU RONGXUN)
NRIC No	S1521601H
Date Of Birth	15/02/1962
Occupation	INDOOR
Date Of Driving Pass	28/06/1991
Driving Experience	28 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97633168
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	255 BISHAN STREET 22 #03-458 SINGAPORE
Postcode	570255
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	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 in/ out of parking lot & Going down / up a slope or rounding a corner Blue Car SJF950H White Car SJA5555J Accident\_Description Both cars were in parked position in the lot. When I moved up my car and turned left I scratch the third party car - Used BMW640 SJA5555J.

#### Attachment(s)

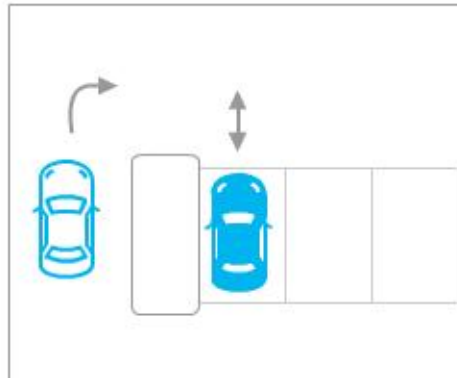
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SSJA5555J
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



Identification Card



Identification Card



Driving License



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  28 Jun 1991

NP 428A



Licence No: S1521601H

Accident Photo



Accident Photo

