## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 04/05/2020 10:40

## 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 witholding 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

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	ACCIDENT STATEMENT
Date Of Report	30/04/2020 17:23
Date Of Accident	28/04/2020 11:20
Exact Location Of Accident	OPEN HDB CARPARK BEHIND BLOCKS 133 AND 134 JURONG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD3085K
Insured/Policyholder	
Name Of Registered Owner	UOB KAY HIAN PRIVATE LIMITED
Co Reg No	197000447W
Email Address	VGOH2005@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97481260
Alternative Phone No	OFFICE-96398396
Vehicle Particulars	
Manufacturer	NISSAN
Model	ELGRAND E52
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	1800097225-01
Cover Note Number	
Driver	
Name of Driver	GOH SWEE CHEW

NRIC No S1224447I Date Of Birth 02/02/1953 Occupation **INDOOR** 25/03/1981 Date Of Driving Pass

**Driving Experience** 39 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96398396

Fax Number

Contact Number

**EMail Address** VGOH2005@GMAIL.COM Address

BLK 118 ANG MO KIO AVE 4,

#02-491

Postcode

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**

**COLLISION - HEAD TO REAR** Type Of Accident

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?

YES

Was any other material or property damaged? 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**

WSVC20000745 Accident Description I was reversing my car out of a car park lot when suddenly a third party car reversed into my right side hitting the front portion (driver side) of my car thus damaging a big portion of the area surrounding the front wheel.

## 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 SMM69E

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

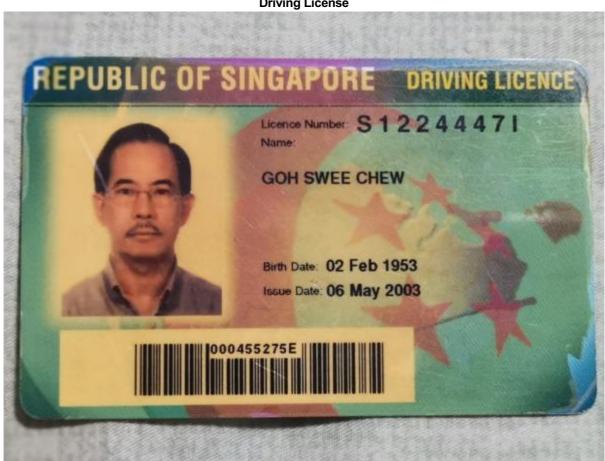


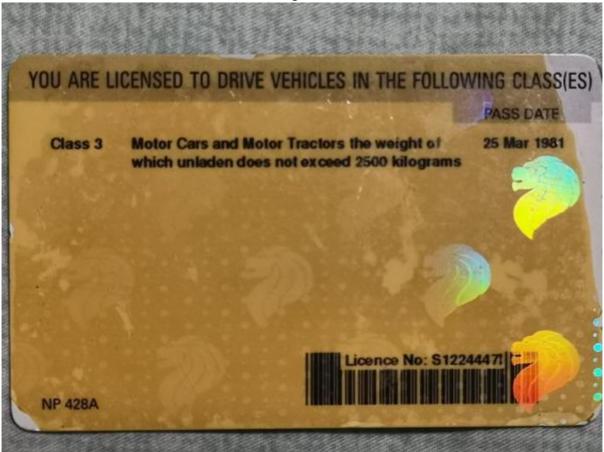








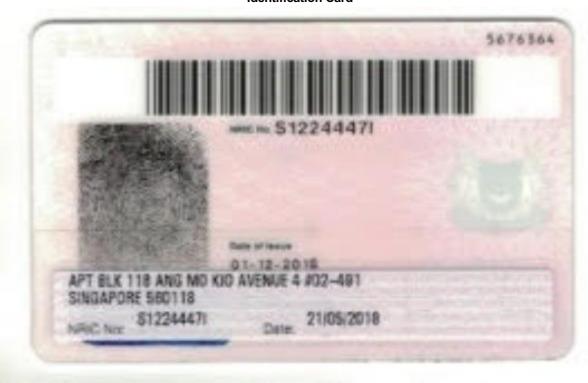




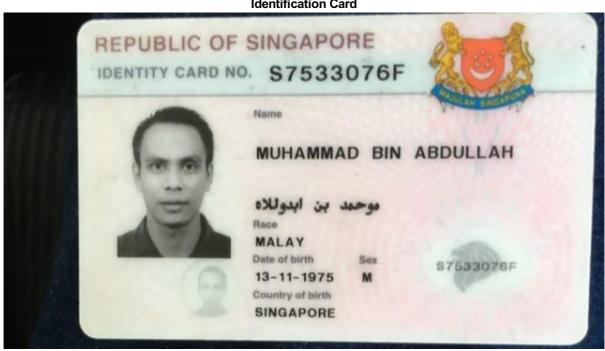
# **Identification Card**



# **Identification Card**



## **Identification Card**



**Identification Card** 

