

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	13/01/2020 15:09
Date Of Accident	10/01/2020 19:30
Exact Location Of Accident	MCP 121 LOR2 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF766J
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Insured/Policyholder

Name Of Registered Owner	LEE CHENG GUAN CHRISTIAN (LI QINGYUAN)
NRIC No	S1348436H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96808885
Alternative Phone No	Office-96808885

Vehicle Particulars

Manufacturer	MAZDA
Model	3 1.5 SKYACTIV

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
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If No, Please state action to be taken	REPORTING ONLY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800039202
Cover Note Number	

Driver

Name of Driver	LEE CHENG GUAN CHRISTIAN (LI QINGYUAN)
NRIC No	S1348436H
Date Of Birth	09/11/1959
Occupation	INDOOR
Date Of Driving Pass	31/01/2003
Driving Experience	16 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96808885
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	100 FLORA ROAD EDELWEISS PARK CONDOMINIUM #05-62 SINGAPORE
Postcode	509743
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

#carpark Reversing out / Moving out of parking lot & Reversing out / Moving out of parking lot Blue Car SKC7425R White Car SGF766J My wife Wong Ling Ling while reversing our car Mazda SGF 766J to a parking lot she accidentally hit a parked car Audi SKC7425R. No one was in the Audi at the time of the accident. There were minor scratches on the Audi and the Mazda. Please see attached photos and attachments

Attachment(s)

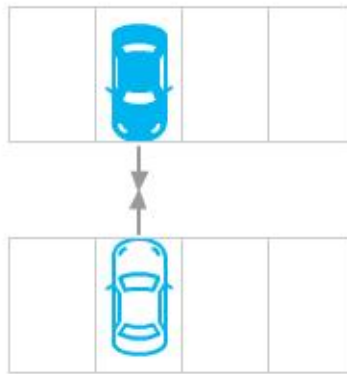
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC7425R
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



Accident Photo



Accident Photo



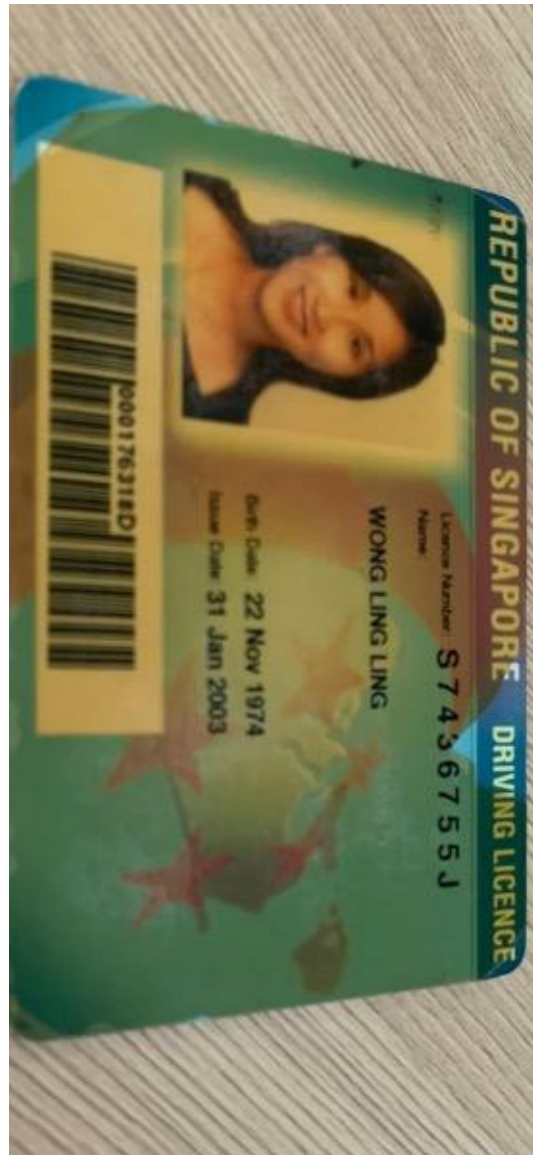
Accident Photo



Accident Photo



Driving License



Driving License



Identification Card



Identification Card

