# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 25/06/2020 11:18

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 <u>truthful and accurate</u> 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 aforesaid.

|  | ACCIDENT STATEMENT                   |
|--|--------------------------------------|
| Date Of Report   | 25/06/2020 10:40                     |
| Date Of Accident   | 14/06/2020 12:45                     |
| Exact Location Of Accident   | KIM KEAT CLOSE CAR PARK              |
| Country/State of Loss  | SINGAPORE                            |
|  | DETAILS OF OWN VEHICLE               |
| Vehicle Registration Number  | SCU1546P                             |
| Insured/Policyholder   |                                      |
| Name Of Registered Owner   | CHIAM HEOK MONG                      |
| NRIC No  | S1607178A                            |
| Email Address  | ALVIN_CHIAM@HOTMAIL.COM              |
| Mobile Phone No  | (LOCAL) +65-98244068                 |
| Alternative Phone No   | Office-98244068                      |
| Vehicle Particulars  |                                      |
| Manufacturer   | NISSAN                               |
| Model  | QASHQAI 1.2 DIG-TURBO                |
| 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                                   |
| f 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  | 2100420100-05                        |
| Cover Note Number  |                                      |
| Driver   |                                      |
| Name of Driver   | CHIAM HEOK MONG                      |
| NRIC No  | S1607178A                            |
| Date Of Birth  | 04/04/1963                           |

**INDOOR** 

05/09/1981

38 YEARS AND 9 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-98244068

Fax Number

**Contact Number** 

**EMail Address** ALVIN\_CHIAM@HOTMAIL.COM

954 DUNEARN ROAD Address

#04-13 SINGAPORE

Postcode 589483 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 SIDE SWIPE **Weather Conditions CLEAR Road Surface** DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 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.

Number of Passengers (Including Driver)

Passenger 1 Name:

> Gender: : Female

: Seow Lee Ying

## **Details of Police Action**

Was the accident reported to the police?

NO

NO

2

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### **Circumstances of Accident**

Blue Car SCU1546P White Car SMF893D My car(SCU1546P) was moving too close to the parked car(SMF893D) and lightly side swiped the parked car. There was no damage or dent my car.

## Attachment(s)

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT Are accident photos available for attachment?

Was there any video captured by Car Camera? NO Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMF893D

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**



**Driving License** 



**Driving License** 







### Police Report

