

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	30/06/2020 10:58
Date Of Accident	29/06/2020 19:45
Exact Location Of Accident	21 LORONG KILAT, SINGAPORE 598123
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU3177K
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Insured/Policyholder

Name Of Registered Owner	MARK WING KEONG
NRIC No	S1618518C
Email Address	MARKWINGKEONG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90600510
Alternative Phone No	Others-81184939

Vehicle Particulars

Manufacturer	SUBARU
Model	XV 1.6
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	2100452775-04
Cover Note Number	

Driver

Name of Driver	AYLA MARK SHUFEN
NRIC No	S9338409A
Date Of Birth	08/10/1993
Occupation	INDOOR
Date Of Driving Pass	10/09/2012
Driving Experience	7 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-90600510
Fax Number	
Contact Number	OTHERS-81184939
EEmail Address	MARKWINGKEONG@YAHOO.COM.SG
Address	55G JALAN LIM TAI SEE ESTRIVILLAS SINGAPORE
Postcode	266230
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
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?	YES
If Yes,Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

#carpark Moving forward or reversing into parking lot & Parked SGU3177K SME8001P WSVC20001019 Accident_Description
While reversing into a parallel parking lot the left front bumper of my vehicle (SGU3177K) scratched the right rear bumper of the other vehicle (SME8001P)

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	SME8001P
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



Driving License



Driving License



Identification Card



Identification Card

