Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 26/08/2020 12:52

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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	25/08/2020 21:11
Date Of Accident	07/08/2020 10:15
Exact Location Of Accident	201 HENDERSON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA3005G
Insured/Policyholder	
Name Of Registered Owner	YIM CHOONG HING
NRIC No	S2693284Z
Email Address	CYIMPPHR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97962177
Alternative Phone No	Others-97962177
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	BENZ SLK200
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	1700015916-03
Cover Note Number	
Driver	
Name of Driver	CHOONG HING YIM
NRIC No	S2693284Z
Date Of Birth	30/04/1958
	WDOOD

INDOOR

29/04/1997

23 YEARS AND 3 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-97962177

Fax Number

Contact Number

EMail Address CYIMPPHR@HOTMAIL.COM

160 MEI LING STREET Address #19-291 SINGAPORE

Postcode 140160 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

NO

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.

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 [OTHER] **QUEENSWAY**

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

#carpark Moving & Description Claimant Car SMR 7415 S WSVC20001331 Accident_Description Claimant Car SMR 7415 S was parked on double yellow lines on this one way part of Henderson Road. Claimant alleged that I backed into his car

Attachment(s)

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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMR7415S

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

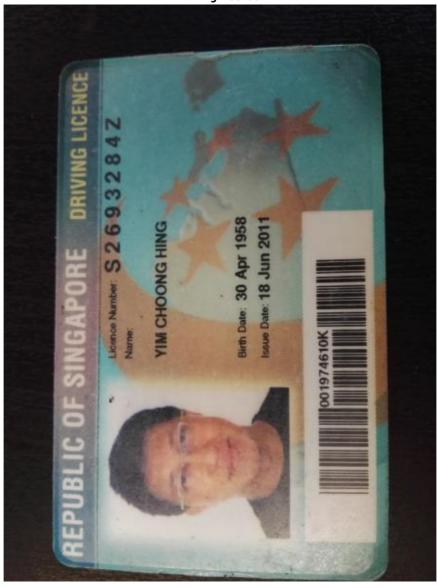
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

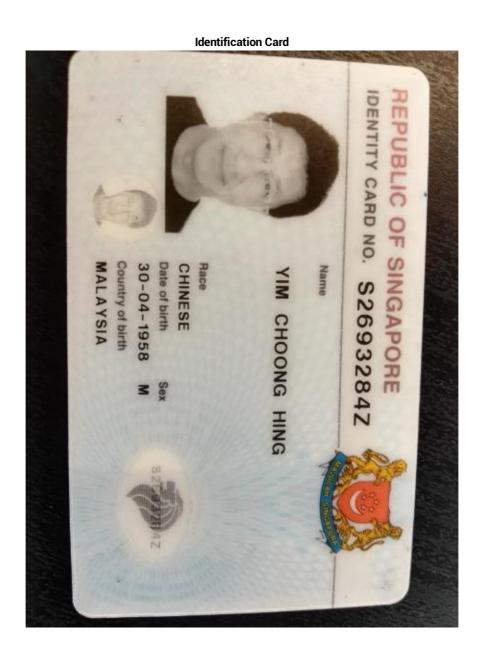


Driving License



Driving License Ä





Identification Card

