SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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 inont to the ort at the

| 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 | 19/08/2020 23:22 |
| Date Of Accident | 19/08/2020 23:10 |
| Exact Location Of Accident | 46-2 COMMONWEALTH DRIVE (TANGLIN HALT MARKET) |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLQ454S |
| Insured/Policyholder | |
| Name Of Registered Owner | CHUA HAN TIONG |
| NRIC No | S1661953A |
| Email Address | DAVIDVHT01@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96202840 |
| Alternative Phone No | Office-91556839 |
| Vehicle Particulars | |
| Manufacturer | вмм |
| Model | 116 |
| 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 | 1900103878-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | NG AH ANN |
| NRIC No | S1160034D |
| Date Of Birth | 19/06/1956 |
| Occupation | INDOOR |

05/10/1978

41 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91446779

Fax Number

Contact Number

EMail Address DAVIDVHT01@GMAIL.COM

Address 374 CLEMENTI AVENUE 4 #07-190

Postcode 120374
Was driver an employee of the Insured's Company NO

If No Dolotionahin of the Driver with the Inquired

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

the second of Directs Over 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

NO

Was any body injured in the Accident?

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) 3

Passenger 1 Name: : CHUA HAN TIONG

Gender: : Male

Passenger 2 Name: : TAN SOON TECK

Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

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Blue Car SLQ454S White Car SHA3206D OPC car plate screw/nut (back) of reversing SLQ454S hit onto front car plate of parked SHA3206D

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA3206D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

Sketch Plan



Accident Photo







Accident Photo



CS Sconned with Comficience

Driving License



Driving License



Identification Card



Identification Card

