Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 14/09/2020 10:44

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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.

aforesaid.	sont to the distributing of the report at the control and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/09/2020 13:34
Date Of Accident	30/08/2020 11:20
Exact Location Of Accident	CHINA TOWN COMPLEX MSCP LEVEL 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD8861D
Insured/Policyholder	
Name Of Registered Owner	LIAW KUEN FAI
NRIC No	S0011068Z
Email Address	KFLIAWA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96750123
Alternative Phone No	OFFICE-96750123
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ECLIPSE CROSS 1.5
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	1800105137-01
Cover Note Number	
Driver	

Name of Driver

NRIC No

S0011068Z

Date Of Birth

Occupation

Date Of Driving Pass

LIAW KUEN FAI

80011068Z

1907/1954

INDOOR

19/02/1975

Driving Experience 45 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96750123

Fax Number

Contact Number OFFICE-96750123

EMail Address KFLIAWA@YAHOO.COM.SG

974 HOUGANG STREET 91 Address

#11-230 SINGAPORE

Postcode 530974

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions MULTI STOREY CARPARK

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?

NO

Was any other material or property damaged? 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 Moving & Description my car moved out from the parking lot and hit the right side of a white subaru forester bumber by my two passenger doors. light scratchs occured.

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

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



Accident Photo





Anyone conveyed by ambulance.

Petice Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tet No: 1800-4890999

Report No. 1/20200907/2000

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made.

Type of Collision

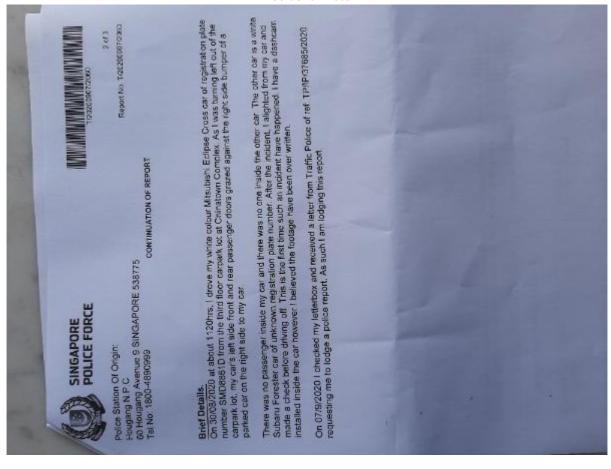
Date/Time Report Made: 07/09/2020 14:08			Vide Report No:	Station Diary No. 49	
Informa	ant's Partic	ulars	the State of the Land State of	STALL STATE SANDERS	
Name of Informant LIAW KUEN FAI			Address: APT BLK 974 HOUGANG STREET 91 #11-230 SINGAPORE 530974		
ID Type (ID No.: NRIC NO / S0011068Z			Contact No.: Home/Office:	Mobile: 98750123	
Nationa SINGAR	lity: PORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 68 09/07/1954			Type of Informant: Driver		
Race: Chinese			Language	Institution / School Name	
Occupation: Retiree			Driving Licence Information Class: 3	Date of Expiry:	

Seneral Inforr	nation of the Accide	COLOR DE COMO A SUR DIVINIO		
Type of Accident	Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident: 30/08/2020.11-20	Type of Location
SMITH STRE	EET			
Weather:		Road Surface:	R	oad Speed Limit:
Traffic Flow		Traffic Control	T.	raffic Volume:

Datails of V	ehicle Invo	lved	DATE DE L'ANDRE DE L'A	SHARE	en State Name	CONTRACTOR OF THE
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SMD8861D	Car	MITSUBISHI	CROSS 1.5	White	Slightly Damaged	0

	ehicle Insurance	100	LOSSON TRACK	THE RESIDENCE AND RESIDENCE
Vehicle No.	Insurance Company	Insurance No	Effective	Exainy Date
SMD8861D	AIG ASIA PACIFIC INSURANCE PTE	1800105137	10/09/2018	09/09/2020

Accident Photo



Driving License



Driving License



Identification Card



Identification Card



Police Report





Report No. 1/20200907/2000

	me Report I 020 14:08	Jade.	Vide Report No :	Station Diary No. 49
Informa	int's Partic	ulars	THE RESERVE OF THE PARTY OF THE	William Barrier Committee
Name of Informant LIAW KUEN FAI			Address: APT BLK 974 HOUGA 530974	NG STREET 91 #11-230 SINGAPORS
	/ ID No.: O / 800110	68Z	Contact No.: Home/Office:	Mobile: 98750123
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 66	Date of Birth: 09/07/1964	Type of Informant Driver	
Race: Chinese		Language:	Institution / School Name:	

Occupation: Retiree		Driving Licence In Class: 3	nformation. Date of Ex	piry:
General Inform	nation of the Accide	nt	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident 30/08/2020 11:20	Type of Location:

SMITH STREET

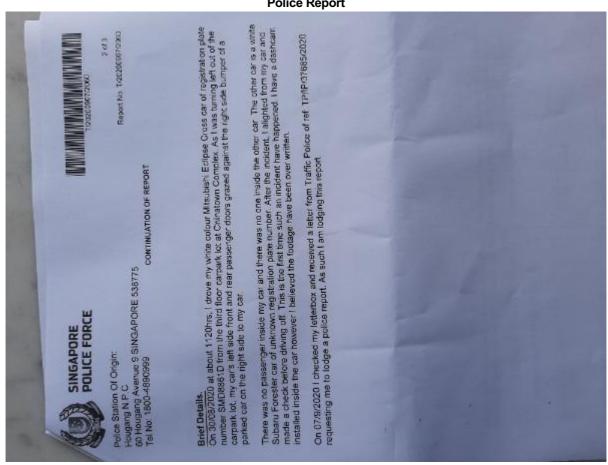
Location:

Weather:	Road Surface:	Road Speed Limit:
Traffic Flow:	Traffic Control	Traffic Volume:
Type of Collision:	Anyone conveyed by ambulance.	

Datails of V	ehicle Invo	lved	THE PROPERTY.		CHECK STORY	9900 100 100 10
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD8861D	Car	MITSUBISHI	CROSS 1.5	White	Slightly Damaged	0

A STATE OF THE PARTY OF THE PAR	ehicle Insurance	The second second	A STATE OF THE PARTY OF THE PAR	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD8861D	AIG ASIA PACIFIC INSURANCE PTE	1800105137	10/09/2018	09/09/2020

Police Report



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GRAFfles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADDEND	JM					
(A)) PARTICULARS OF PERSON MAKING THE AMENDMENTS	i:					
	Original Report No: MAHA20078126	_Vehicle Registration No: SMD8861D					
	Name(as shownin NRIC) : Liaw Kuen Fai	NRIC/FIN/Passport No: S0011068Z					
	(* Vehicle Briver / Vehicle Owner) (*) Please delete as appropriate						
	Address :	Singapore(
	Contact (Tel) :	Mobile No.: 96750123					
	Email Address : KFLIAWA@YAHOO.COM.So						
	Date of Accident : 30/08/2020 Time of Accident : 11:20						
	Place of Accident : CHINA TOWN COMPLEX MSG	CP LEVEL 3					
	InsuranceCompany: AIG ASIA PACIFIC INSURANC	E PTE. LTD.					
	The date of accident should be on 30/08/2020 inste	ad of 31/08/2020. That's all.					
	Policyholder / Driver's Signature Date: 13 - 9 - 20	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:					

Date: