Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 09/09/2020 17:18

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

	ACCIDENT STATEMENT
Date Of Report	09/09/2020 13:34
Date Of Accident	31/08/2020 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 ime 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
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800105137-01
Cover Note Number	
Driver	
Name of Driver	LIAW KUEN FAI
NRIC No	S0011068Z
Date Of Birth	09/07/1954

INDOOR

19/02/1975

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

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

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?

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

NO

Number of Passengers (Including Driver) 1

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

#carpark Moving & amp; Parked smd8861d Subaru WSVC20001428 Accident_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

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

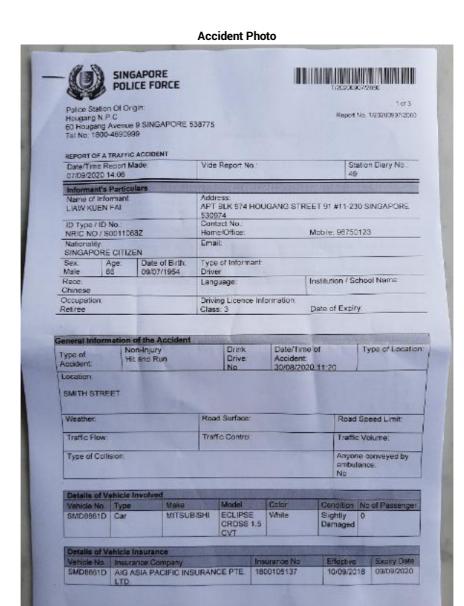
Insurance Company Name

Nature Of Damage

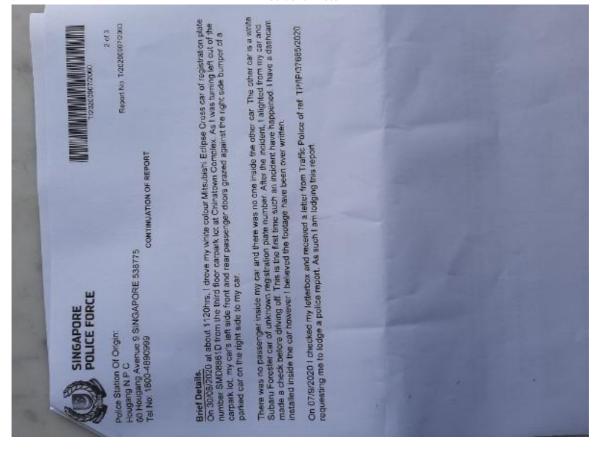
No. Of Passenger (Including Driver)

Sketch Plan





Accident Photo



Driving License



Driving License

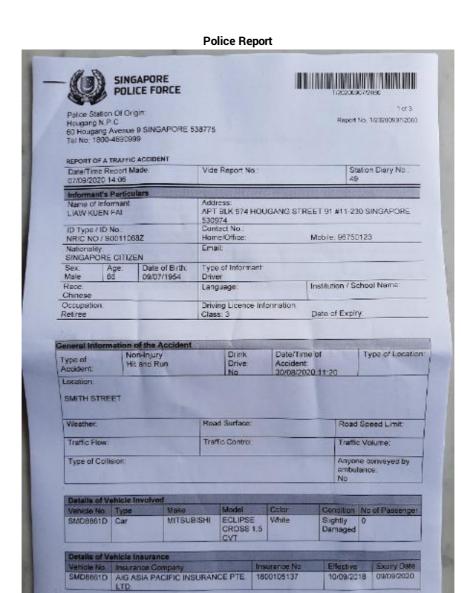


Identification Card



Identification Card





Police Report

