SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 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 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	07/09/2020 21:22
Date Of Accident	07/09/2020 08:35
Exact Location Of Accident	BLK 218 CHOA CHU KANG CENTRAL CARPARK CKCK8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDE8318H
Insured/Policyholder	
Name Of Registered Owner	CHUA MUI HONG
NRIC No	S1530985G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98272900
Alternative Phone No	Others-94503311
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	BENZ CLA180 COUPE
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	1800012236-02
Cover Note Number	
Driver	
Name of Driver	CHUA KIAN HIN
NRIC No	S1289742A
Date Of Birth	13/09/1958
Occupation	INDOOR

20/03/1980

40 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98272900

Fax Number

Contact Number OTHERS-94503311

EMail Address NOEMAIL

Address BLK 218 CHOA CHU KANG CENTRAL

Postcode 680218 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 SML3288A

Vehicle

Insurance Company of Driver's Own Vehicle AIG Asia Pacific Insurance Pte. Ltd.

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NO

NO

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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

Was any body injured in the Accident? 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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

WSVC20001420 Accident_Description On 7 Sep 2020 around 0830hrs as I was exiting my carpark lot as usual I checked left right and left again to ensure there is no oncoming vehicles before inching slowly out of the lot. Suddenly I heard a bang and was shocked that a taxi Vehicle Number SHD3317D appeared out of nowhere and collided with my vehicle. I came out of my car to check and discovered that my number plate has fallen off and my front left bumper was scratched. I noted that the taxis rear right door was slightly scratched. Other than this no other damages were noted. Since the damages to both vehicles were minor both parties agreed to settle the matter amicably and send our respective cars for repairs. As such no photographs were taken and we exchanged contact details. Both parties were not injured.

Attachment(s)

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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3317D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

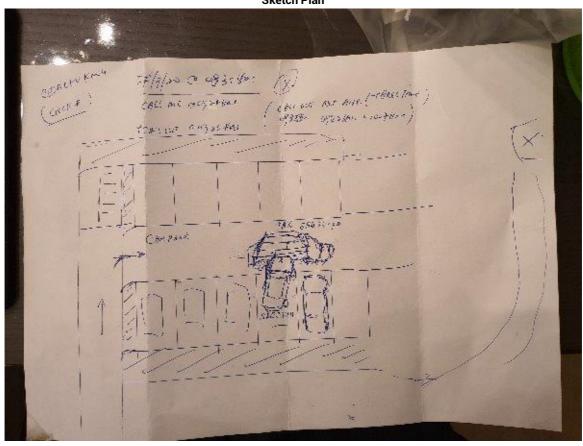
Insurance Company Name

Nature Of Damage

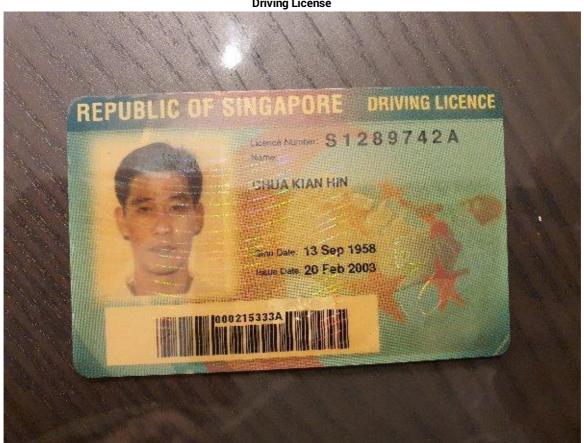
No. Of Passenger (Including Driver)

TAXI

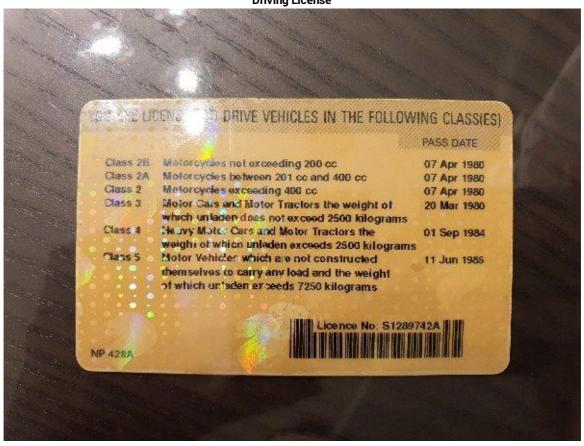
Sketch Plan



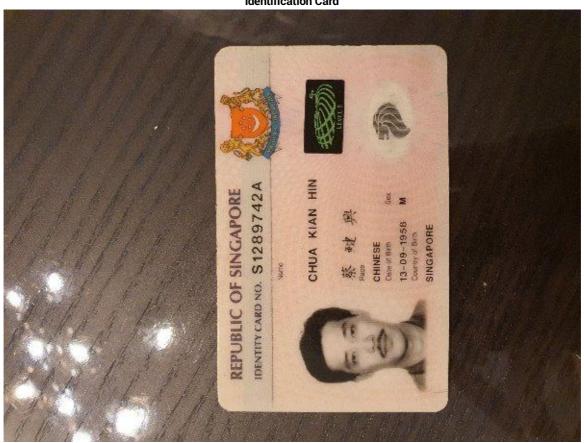
Driving License



Driving License



Identification Card



Identification Card

