

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 withholding 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.

ACCIDENT STATEMENT

Date Of Report	11/11/2020 11:07
Date Of Accident	21/10/2020 20:20
Exact Location Of Accident	HOUGANG AVE 9 CROSS HOUGANG STREET 92
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2020D
Insured/Policyholder	
Name Of Registered Owner	PECK JEN JEN
NRIC No	S7719162C
Email Address	PECKJENJEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96366271
Alternative Phone No	OTHERS-96366271

Vehicle Particulars

Manufacturer	AUDI
Model	TTC 1.8 TFSI
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	1800097991-02
Cover Note Number	

Driver

Name of Driver	PECK JEN JEN
NRIC No	S7719162C
Date Of Birth	15/07/1977
Occupation	INDOOR
Date Of Driving Pass	25/02/2003
Driving Experience	17 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96366271
Fax Number	
Contact Number	
Email Address	PECKJENJEN@GMAIL.COM

Address	940 HOUGANG STREET 92 13-17 SINGAPORE
Postcode	530940
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	NO COLLISION
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
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
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

#straightroad Moving within lane (Side swipe including at bend) & Moving within lane (Side swipe including at bend)
SHA4368M SMD2020D WSVC20001719 Accident_Description Traffic light was red. My car gently glided to a stationary position due to traffic light and did not feel any impact. Furthermore the other driver did not alight and address incident. I drove off unaware of any incident. Next morning 22 October noticed small dent at left bottom fender and scratch marks. Please refer to picture attached.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4368M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

