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 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.

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 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 Submission 15/12/2020 11:41 (SGT) Date of Accident 14/12/2020 18:42 (SGT) Exact Location of Accident Bukit Batok, Singapore Additional Location Information 28 bukit batok street 52 singapore 659248(open air carpark) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SLL3081R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Hsu Su Neng NRIC No. S2202838C Email Address crsurvey@inchcape.com.sg Mobile Phone No (Phone) +65-96623177 Alternative Phone No +65-96623177

VEHICLE PARTICULARS

Manufacturer

Model Corolla Variant 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 - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2100501669-03 Cover Note Number

DRIVER

Name of Driver Hsu Su Neng NRIC No S2202838C Date Of Birth 28/10/1953 Occupation Indoor

Date Of Driving Pass 11/04/2003 Driving experience 17 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96623177 Alt. Phone Number +65-96623177 Email Address crsurvey@inchcape.com.sg Address 57 West Coast Way Address complement #06-10 SINGAPORE Postcode 127018 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT R2000006832 Circumstances Of Accident The driver of vehicle no SMH1801C is reversing out of the car lot and the owner of vehicle no SLL3081R is exiting the car park. The back of the reversing car and the on moving vehicle had a slight swipe. 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 SMH1801C Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Accident report SA0120CF0001

Vehicle Category

Name of Driver
Contact Number

Address complement

Vehicle Colour

Address

Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_









