# **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 28/12/2020 15:54 (SGT) Date of Accident 24/12/2020 20:30 (SGT) Exact Location of Accident 17E Mount Sinai Rise, Singapore 276913 Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLP2794C

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner VICTOR KOH NRIC No SXXXX946Z Email Address VICTOR KOH@YAHOO.COM Mobile Phone No (Phone) +65-90117477 Alternative Phone No +65-96587384

### VEHICLE PARTICULARS

Manufacturer Audi Model A4 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car

### INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 1700006976-03 Cover Note Number

### DRIVER

Name of Driver VICTOR KOH NRIC No SXXXX946Z Date Of Birth 13/08/1972 Occupation Indoor

Date Of Driving Pass 14/07/1995 Driving experience 25 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-90117477 Alt. Phone Number +65-96587384 Email Address VICTOR\_KOH@YAHOO.COM Address 80 BAYSHORE ROAD Address complement #05-27 Postcode 469992 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 Collided into Parked Vehicle 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

### DETAILS OF POLICE ACTION

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

### CIRCUMSTANCES OF ACCIDENT

MY CAR SLP2794C WAS PARKED ALONG OUT SINAI RISE, OUTSIDE UNIT #17E FROM 1830 ONWARDS. AT ABOUT 2040, THE NEIGHBOR YEOH BOON KANG, OWNER OF VEHICLE SMP1046Z KNOCKED ON OUR DOOR TO INFORM US OF THE ACCIDENT. YEOH MENTIONED THAT HE KNOCKED INTO THE CAR SLP2794C WHILE REVERSING. WEATHER WAS CLEAR AND NO OTHER INJURIES OR DAMAGE WAS NTOED WITH THE EXCEPTION OF DAMAGE TO BOTH CARS.

Nο

SLP2794C-DRIVER SIDE DOOR AND FRONT PANEL SMP1046Z-BUMPER RIGHT SIDE

# ATTACHMENT(S)

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 NumberSMP1046ZVehicle ManufacturerMercedesVehicle ModelE200Vehicle Variant-Vehicle ColourScarletVehicle CategoryPrivate carName of Driver-

Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

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