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 21/01/2021 11:09 (SGT) Date of Accident 23/12/2020 11:38 (SGT) Exact Location of Accident 83 Punggol Central, Singapore 828761 Additional Location Information PUNGGOL WATERWAY POINT CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA93Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NG SHAO KANG ALOYSIUS NRIC No. SXXXX220I Email Address NGSK84@YAHOO.COM Mobile Phone No (Phone) +65-96892930 Alternative Phone No +65-96892930

VEHICLE PARTICULARS

Manufacturer Audi Model **A5** 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?

Vehicle Category

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 1800045029-02 Cover Note Number

DRIVER

Name of Driver LIM MEI YI MELISSA NRIC No SXXXX100Z Date Of Birth 25/08/1987 Occupation Indoor

Date Of Driving Pass 19/07/2008 Driving experience 12 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-96369121 Alt. Phone Number Email Address lim.meiyi@gmail.com Address 112 punggol walk Address complement #13-27 Postcode 828766 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 Collision - Major/Minor Rd 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? Nο PASSENGER 1 Name LLOYDING Gender Male PASSENGER 2 RINA MILANDARI Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Ang Mo Kio Division Headquarters

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

(Fax) +65-64814246

Police Station Address

Folice Station Address

Folice Station Address

No

If yes, against whom?

Yes

Ang Mo Kio Division Headquarters

(Phone) +65-18002180000

(Fax) +65-64814246

51 Ang Mo Kio Avenue 9 Singapore 569784

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

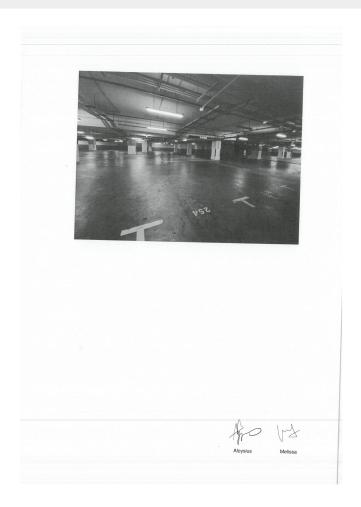
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SKU2868J Volvo
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name 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)	_
g (ggg)	_







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Describe Circumstances of the	ne Accident	
Pls see attached report.		
Declaration		
We declare the foregoing particulars a	re true in every respect.	
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wan wan	MZ	WIND A STATE
blicyholder's Signature / Date & Dime & &	river's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel



























