SA0121760002 / AIG Asia Pacific Insurance Pte. Ltd. ENTRY DATE & TIME: 06/07/2021 15:23 (SGT) SUBMITTED BY: Rumli, Sharizah VERSION: 1 (06/07/2021 15:23 (SGT))

# **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.

  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	06/07/2021 15:23 (SGT)
Date of Accident	02/02/2021 15:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Joo Chiat Place
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

Levus

Vehicle Registration Number		SLC461U
-----------------------------	--	---------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Goh Lek Oon
NRIC No	S1409010Z
Email Address	gohlekoon@me.com
Mobile Phone No	(Phone) +65-96688803
Alternative Phone No	+65-96688803

## VEHICLE PARTICULARS

Manufacturer

	LUXUS
Model	Nx200t
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
Transmission	Auto
CC	1998

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100462958-05
Cover Note Number	-

# DRIVER

Name of Driver	 Goh Lek Oon
NRIC No	\$14090107

Date Of Birth	22/02/1960
Occupation	Indoor
Date Of Driving Pass	25/07/1980
Driving experience	40 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96688803
Alt. Phone Number	+65-96688803
Email Address	gohlekoon@me.com
Address	93 Bukit Drive
Address complement	#07-27
Postcode	587844
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	110
	-
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?	A1.
Number of vehicles involved in the accident	No
	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	- -
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	Betty Foo
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	
Was notice of intended Prosecution given?	ONLINE
If yes, against whom?	
ii yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
I parked along Joo Chiat and I did not scrape any car but may hav that a claim was made and i attach the reports	re kissed the park car my rear and their front. I was informed by police
ATTACHMENT(S)	
Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SM\/2024M
Vehicle Manufacturer	SMV3034M

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)	_









