

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 Submission 01/03/2021 11:48 (SGT)
Date of Accident 27/02/2021 11:12 (SGT)
Exact Location of Accident Singapore
Additional Location Information BedokNorthStreet3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKN5187H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Sng Chye Huat
NRIC No S1263626A
Email Address michaelssng@usp.com.sg
Mobile Phone No (Phone) +65-90057706
Alternative Phone No +65-90057706

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 No
Policy Number 2100377282-06
Cover Note Number -

DRIVER

Name of Driver Sng Chye Huat
NRIC No S1263626A
Date Of Birth 27/10/1957
Occupation Indoor

| | |
|--|------------------------------|
| Date Of Driving Pass | 23/02/2007 |
| Driving experience | 14 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-90057706 |
| Alt. Phone Number | +65-90057706 |
| Email Address | michaelsng@usp.com.sg |
| Address | Blk 532 Bedok North Street 3 |
| Address complement | #15-718 SINGAPORE |
| Postcode | - |
| 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 | 2 |
| 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) | 1 |
| 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

R2000007165 Circumstances Of Accident I was driving my vehicle SKN5187H out of Blk 539 car par into a mall road leading to Bedok North Street 3 main road. There was a vehicle SMX9809U parked close to the turning junction . I tried to avoid another car turning into the small road

so I swerved my car to the left and therefore hit the right side of the parked vehicle
resulting in scratches.

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 | SMX9809U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private hire |
| 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) -

