

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 05/03/2021 11:47 (SGT)
Date of Accident 04/03/2021 10:40 (SGT)
Exact Location of Accident 152 Jln Teck Whye, Block 152, Singapore 680152
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME9004A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Ang Soon Loong (Hong Shunloong)
NRIC No S8809318F
Email Address angsoonloong@gmail.com
Mobile Phone No (Phone) +65-90066422
Alternative Phone No +65-97559712

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
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 1800124387-01
Cover Note Number -

DRIVER

Name of Driver Ang Soon Loong (Hong Shunloong)
NRIC No S8809318F
Date Of Birth 26/03/1988
Occupation Indoor

| | |
|--|------------------------|
| Date Of Driving Pass | 04/07/2009 |
| Driving experience | 11 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90066422 |
| Alt. Phone Number | +65-97559712 |
| Email Address | angsoonloong@gmail.com |
| Address | 152 JALAN TECK WHYE |
| Address complement | #04-07 SINGAPORE |
| Postcode | 680152 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | Yes |
| Vehicle Registration Number of Other Vehicle Owned by Driver | fbj5882l |
| Insurance Company of Other Vehicle Owned by Driver | FWD |

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 | 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|-------------|
| Name | Valery Heng |
| Gender | Female |

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

I was reversing right into the empty lot. I accidentally grazed with the front left bumper of the parked vehicle.

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 | SMX1426P |
| Vehicle Manufacturer | - |
| 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) -









