

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 17/03/2021 14:31 (SGT)
Date of Accident 17/03/2021 10:50 (SGT)
Exact Location of Accident 26 Sin Ming Ln, Singapore 573971
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH9837Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Chua Chee Meng (Cai Zhiming)
NRIC No S7132367F
Email Address victorchuacm@gmail.com
Mobile Phone No (Phone) +65-97435056
Alternative Phone No +65-97435056

VEHICLE PARTICULARS

Manufacturer Mazda
Model Cx-3
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 1900015938-01
Cover Note Number -

DRIVER

Name of Driver Chua Chee Meng (Cai Zhiming)
NRIC No S7132367F
Date Of Birth 19/09/1971
Occupation Indoor

Date Of Driving Pass	12/09/2003
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97435056
Alt. Phone Number	+65-97435056
Email Address	victorchuacm@gmail.com
Address	15 KOVAN ROAD
Address complement	KOVAN MELODY #09-03 SINGAPORE
Postcode	548189
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?	No
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Sophia Lee
Gender	Female

PASSENGER 2

Name	Zachary Chua
Gender	Male

PASSENGER 3

Name	Sin Huey Ling
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

While reversing into a carpark lot at Midview City the car SLA6309Z behind dashed straight on and his left side got side swiped by my right bumper. I have on my hazard lights to indicate intention to park earlyt (see video) and a car was behind me.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes





