SA01213O0003 / AIG Asia Pacific Insurance Pte. Ltd. ENTRY DATE & TIME: 24/03/2021 13:38 (SGT) SUBMITTED BY: Grace Tan VERSION: 1 (24/03/2021 13:38 (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.

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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 24/03/2021 13:38 (SGT) Date of Accident 20/03/2021 17:30 (SGT) Exact Location of Accident Ang Mo Kio Central 2, Singapore Additional Location Information Basement 2 carpark of Grandeur 8 Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGG9628K

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Hah Siew Yoong NRIC No S1449895H Email Address evelyn\_hah@yahoo.com.sg Mobile Phone No (Phone) +65-97338093 Alternative Phone No +65-97338093

# VEHICLE PARTICULARS

Manufacturer Lexus 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 Policy Number 2100456311-05 Cover Note Number

# DRIVER

Name of Driver Hah Siew Yoong NRIC No S1449895H

Date Of Birth 17/11/1960 Occupation Indoor Date Of Driving Pass 06/01/2003 Driving experience 18 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-97338093 Alt. Phone Number +65-97338093 Email Address evelyn\_hah@yahoo.com.sg Address 261 River Valley Road Address complement #03-21 SINGAPORE Postcode 238307 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 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 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I was reversing to park my car at the carpark and accidentally knocked into the parked car SJY 1232R on the left side of my reversing 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** R

Vehicle Registration Number	SJY1232 R
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)	_







