

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 12/05/2021 18:53 (SGT)
Date of Accident 01/04/2021 09:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information 11 Bedok Reservoir View
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKN376L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG KAH HEEN
NRIC No S0104395A
Email Address NOEMAIL@AIG.COM
Mobile Phone No (Phone) +65-98448602
Alternative Phone No +65-98448602

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 1900236140
Cover Note Number -

DRIVER

Name of Driver WONG KAH HEEN
NRIC No S0104395A

Date Of Birth	09/04/1953
Occupation	Indoor
Date Of Driving Pass	06/09/1976
Driving experience	44 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98448602
Alt. Phone Number	+65-98448602
Email Address	NOEMAIL@AIG.COM
Address	11 BEDOK RESERVOIR VIEW
Address complement	AQUARIUS BY THE PARK 02-02 SINGAPORE
Postcode	-
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	SKC9365S
Insurance Company of Other Vehicle Owned by Driver	Sompo Insurance Singapore Pte. Ltd.

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

R2000007465 Circumstances Of Accident On 1 April 2021

I was driving out from my basement car park and there was an oncoming car

SJM8430C. I was driving very slowly and both our cars got into a swipe. My car driver front wheel swiped the SLM8403C rear bumper. Please see photos provided. No one was injured. The driver is a female middle age lady. She refused to give me her driver's details. She called her hubby to come over to discussed with me. Her hubby name is Kum Yew and his contact is 96816184.

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	SJM8430C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96816184
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-







