



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	-
Date of Accident	07/04/2021 13:15 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP4317X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Wang Loke Heng
NRIC No	SXXXX271C
Email Address	andrewtswang@gmail.com
Mobile Phone No	(Phone) +65-96887455
Alternative Phone No	+65-92217455

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100385492-06
Cover Note Number	-

DRIVER

Name of Driver	Xie Fei
NRIC No	SXXXX149C



(Draft)

Date Of Birth 24/06/1981
Occupation Indoor
Date Of Driving Pass 15/04/2014
Driving experience 7 YEARS
Gender Female
Mobile Number (Phone) +65-92217455
Alt. Phone Number -
Email Address andrewtswang@gmail.com
Address Blk 717 Clementi West Street 2 #05-105
Address complement -
Postcode 120717
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Spouse
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 Hit and run / Vandalism / Damaged whilst parked
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 Helen
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

Please refer to the sketch plan

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 XD4842E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle

(Draft)

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)	-