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 19/04/2021 15:50 (SGT) Date of Accident 17/04/2021 19:45 (SGT) Exact Location of Accident 166 Yishun Ring Rd, Singapore 760166 Additional Location Information Carpark Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI X1538R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Koh Shou Wen NRIC No. S8531459I Email Address SW85SG@MSN.COM Mobile Phone No (Phone) +65-96396738 Alternative Phone No +65-94561322

VEHICLE PARTICULARS

Manufacturer Nissan Model Qashqai 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 1197

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1800028143-03 Cover Note Number

DRIVER

Name of Driver Koh Shou Wen NRIC No. S8531459I

Date Of Birth Occupation	25/09/1985 Indoor
Date Of Driving Pass	26/10/2005
Driving experience	15 YEARS AND 6 MONTHS
Gender Makila Nurskari	Male
Mobile Number Alt. Phone Number	(Phone) +65-96396738
Email Address	+65-94561322 SW85SG@MSN.COM
Address	162 Canberra Drive
Address complement	#08-51 SINGAPORE
Postcode	768000
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	Drizzle
Road Surface	Wet
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) Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	Erin Chua Qianyi
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
	s reversing to get some space clearance for the front to make a right
	ted to move back very slowly and then collision sound heard. Note: arby objects or obstacle. Parked car and got down to assess what
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	NO VIDEO UPLOADED
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1

SJC7746B

Vehicle Registration Number
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)	-









