# **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.

  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 29/07/2021 16:18 (SGT) Date of Accident 28/07/2021 10:15 (SGT) Exact Location of Accident Singapore Additional Location Information Seng Poh Road Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Nissan

Vehicle Registration Number SJA919B

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Cheong Kar Nee NRIC No. S7611831J Email Address kanikani@hotmail.com Mobile Phone No (Phone) +65-96926963 Alternative Phone No +65-97666499

#### VEHICLE PARTICULARS

Manufacturer

Model Serena 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 1198

## **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900251601-01 Cover Note Number

# DRIVER

Name of Driver Cheong Kar Nee NRIC No. S7611831J

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	24/04/1976 Indoor 07/11/2003 17 YEARS AND 8 MONTHS Male (Phone) +65-96926963 +65-97666499 kanikani@hotmail.com 1A CANTONMENT ROAD #18-01 SINGAPORE - Yes - No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collided into Parked Vehicle Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  PASSENGER 1	No 2 No - Yes 2 No	
Name Gender	LUKE CHEONG Male	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
R2000007726 Circumstances Of Accident The left rear SDM2028S as i was reversing into a lot. Caused damage to the but	of my car SJA919B bang into the right rear of the parked car umper and rear lights.	
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes VIDEO NOT PROVIDED Yes	
DETAILS OF OTHER VEHICLE PROPERTY 1		
Vehicle Registration Number Vehicle Manufacturer	SDM2028S	

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97538191
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



