

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 27/09/2021 15:04 (SGT)
Date of Accident 17/09/2021 13:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO HUB BASEMENT 2 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP4500J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TIANG KIM LIAN
NRIC No S8020872C
Email Address breathe_againz@hotmail.com
Mobile Phone No (Phone) +65-98227558
Alternative Phone No +65-98227558

VEHICLE PARTICULARS

Manufacturer Mercedes
Model A200
Variant Benz A200 Progressive
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 1332

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900164112-02
Cover Note Number -

DRIVER

Name of Driver TIANG KIM LIAN
NRIC No S8020872C

Date Of Birth	18/07/1980
Occupation	Indoor
Date Of Driving Pass	28/04/2005
Driving experience	16 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98227558
Alt. Phone Number	+65-98227558
Email Address	breathe_againz@hotmail.com
Address	490D CHOA CHU KANG AVENUE 5
Address complement	#05-303 SINGAPORE
Postcode	-
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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

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

ANG MO KIO HUB BASEMENT 2 CARPARKR2000007915 Circumstances Of Accident I am making a turn in the carpark;refer to the purple arrow and brush over the front side of commercial van GBK1061. Waited for 10 min but did not see the owner therefore i drop a note and namecard for him to contact me.

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	GBK1061K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -









