

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 13/10/2021 09:21 (SGT)
Date of Accident 12/10/2021 19:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information IMM multi-storey carpark
2 Jurong East Street 21
Singapore 609601
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ2231E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LU SU CHIU
NRIC No S2635815I
Email Address ivansclu@gmail.com
Mobile Phone No (Phone) +65-91263787
Alternative Phone No +65-91263787

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
Variant Benz E250 Sedan Avantgarde
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 1991

INSURANCE COMPANY

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

DRIVER

Name of Driver	Steven Lu
NRIC No	S8971221A
Date Of Birth	14/11/1989
Occupation	Indoor
Date Of Driving Pass	06/11/2014
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96679346
Alt. Phone Number	-
Email Address	noemail@aig.com
Address	37 BUKIT BATOK EAST AVENUE 6
Address complement	PARK NATURA
Postcode	#05-37
Is the driver the policyholder?	659766
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Child
Vehicle Registration Number of Other Vehicle Owned by Driver	No
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?	No
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Esther Chua
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

I was reversing my car (SMJ2231E) into the parking lot when i accidentally bumped onto the parked car next to the parking lot which i wanted to park. As a result

the front left rear of the parked car (SJV629C) was scratched and dented. And the back right rear of my car was also scratched and dented.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No











