

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 Actual 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 12/09/2022 10:57 (SGT)
Reported by Both
Date of Accident 09/09/2022 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Raffle city car park B3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM7173R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HENG POH KHIM
NRIC No S1712701B
Email Address NOEMAIL@AIG.COM
Mobile Phone No (Phone) +65-91884533
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number -

DRIVER

Name of Driver HENG POH KHIM
NRIC No S1712701B
Date Of Birth 09/02/1965
Occupation Indoor

Date Of Driving Pass	09/09/2016
Driving experience	6 YEARS
Gender	Female
Mobile Number	(Phone) +65-91884533
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	519A TAMPINES CENTRAL 8
Address complement	#13-01
Postcode	521519
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Felicia yong
Gender	Female

PASSENGER 2

Name	Lim may ling
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

SMM7173R scratch SLB1894C while reversing

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	INSD DID NOT PROVIDE VIDEO FOOTAGE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB1894C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-81861015
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	Felicia
Phone	(Phone) +65-91884533
Email	Janyhpk@hotmail.com







