

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 09/11/2022 09:45 (SGT)
Reported by Both
Date of Accident 08/11/2022 10:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information Seng Poh Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGF6665C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner S0069106B
NRIC No S0069106B
Email Address dxreality@singnet.com.sg
Mobile Phone No (Phone) +65-96194268
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Renault
Model Scenic
Variant GRAND SCENIC 1.5T DCI (A)
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 1461

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2100459606-06

DRIVER

Name of Driver CHEN TING @ TAN T'ENG
NRIC No S1180465I
Date Of Birth 01/09/1956
Occupation Indoor

Date Of Driving Pass	03/12/2003
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96194268
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	86 MARIAM WAY
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	5
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	Tan Tong Seng
Gender	Male

PASSENGER 2

Name	Chua Keng Hoon
Gender	Female

PASSENGER 3

Name	Chen Pin
Gender	Female

PASSENGER 4

Name	Wone Khant Hane
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

R2000009385	Circumstances Of Accident	Please see attachment.
-------------	---------------------------	------------------------

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMF2187X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number (Phone) +65-87517875
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -











The above selected plan is not quite suitable for my case. Please refer to the following description:
I was trying to park in the lot at the back of SMF2187X but found it difficult to fit. As a result, I gave up and moved out of the lot. Unfortunately, the left side, near the rear, of my car scratched the right side, near the rear, of SMF2187X. I then realized that SMF2187X was not parked properly in the designated parking lot with its rear outside the lot. Please refer to the first three photos attached.