

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 Report	09/03/2020 21:16
Date Of Accident	03/03/2020 13:05
Exact Location Of Accident	JURONG ISLAND MSCP LEVEL 6.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ9983L
Insured/Policyholder	
Name Of Registered Owner	NG YAN HENG
NRIC No	S1853445B
Email Address	NGYANHENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97315063
Alternative Phone No	Office-62505601

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ E250 2.0 SEDAN EDITION E
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100446988-04
Cover Note Number	

Driver

Name of Driver	NG YAN HENG
NRIC No	S1853445B
Date Of Birth	29/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	29/01/1981
Driving Experience	39 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-9731 5063
Fax Number	
Contact Number	
E-Mail Address	NGYANHENG@GMAIL.COM
Address	35 MOUNT SINAI RISE VILLAGE TOWER #14-01 SINGAPORE
Postcode	276955
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Circumstances Of Accident #carpark Accident_Scenario Moving forward or reversing into parking lot & Parked Blue Car SKZ9983L White Car SLH9529Z Accident_Description My car was parked head into the parking lot. When I reverse out of the lot the back of my car (SKZ9983L) had a mild collision with the front of the parked car (SLH9529Z).

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	SLH9529Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

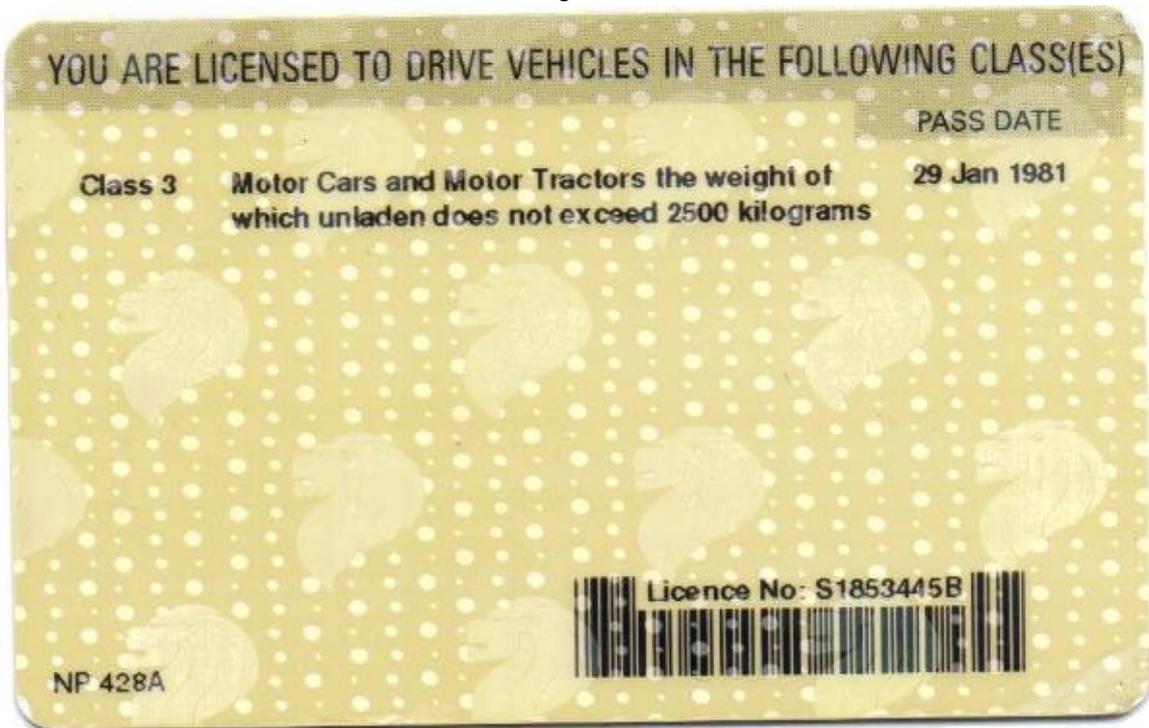
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1853445B



Name

NG YAN HENG



Race

CHINESE

Date of birth

29-10-1957

Sex

M

Country/Place of birth

MALAYSIA



Identification Card

6178467



NRIC No. **S1853445B**



Date of issue

24-04-2019

Address

**35 MOUNT SINAI RISE
#14-01
SINGAPORE 276955**

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 1 8 5 3 4 4 5 B**

Name: **NG YAN HENG**

Birth Date: **29 Oct 1957**

Issue Date: **16 Dec 2002**



Accident Photo

