

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	11/05/2020 10:45
Date Of Accident	08/05/2020 21:45
Exact Location Of Accident	BLK 1 D CANTONMENT RD LEVEL 1 CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ7584J
Insured/Policyholder	
Name Of Registered Owner	INTERNATIONAL LONG-SHI TRADING HUB
Co Reg No	53240896M
Email Address	DERRICKNGCY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-67460608
Alternative Phone No	Office-91456001

Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN
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	COMMERCIAL VEHICLE

Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900151417
Cover Note Number	

Driver	
Name of Driver	NG WEE SHANG
NRIC No	S7441493A
Date Of Birth	23/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1998
Driving Experience	22 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-96796559
Fax Number	
Contact Number	
EMail Address	DERRICKNGCY@GMAIL.COM
Address	91 BEDOK NORTH STREET 4 #09-1529
Postcode	460091
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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

On the date and time I was driving the vehicle GBJ7584J. I am in the covered carpark of Blk 1D Cantonment Road. At about 1943hrs I entered the rubbish collection center of the said block with the intention of disposing some unwanted cardboard boxes at the recycle bin situated at the side of the rubbish collection point. As it was very dark and I needed to align my vehicle alongside the recycle bin I drove forward with my front pointing towards the left in order to obtain the correct angle. At this juncture the other parties vehicle SJV191Y came in made a right turn and collided onto my left front bumper. There are just minor scratches on my front corner of my bumper and there is no major damages. No one was injured at that time.

Attachment(s)

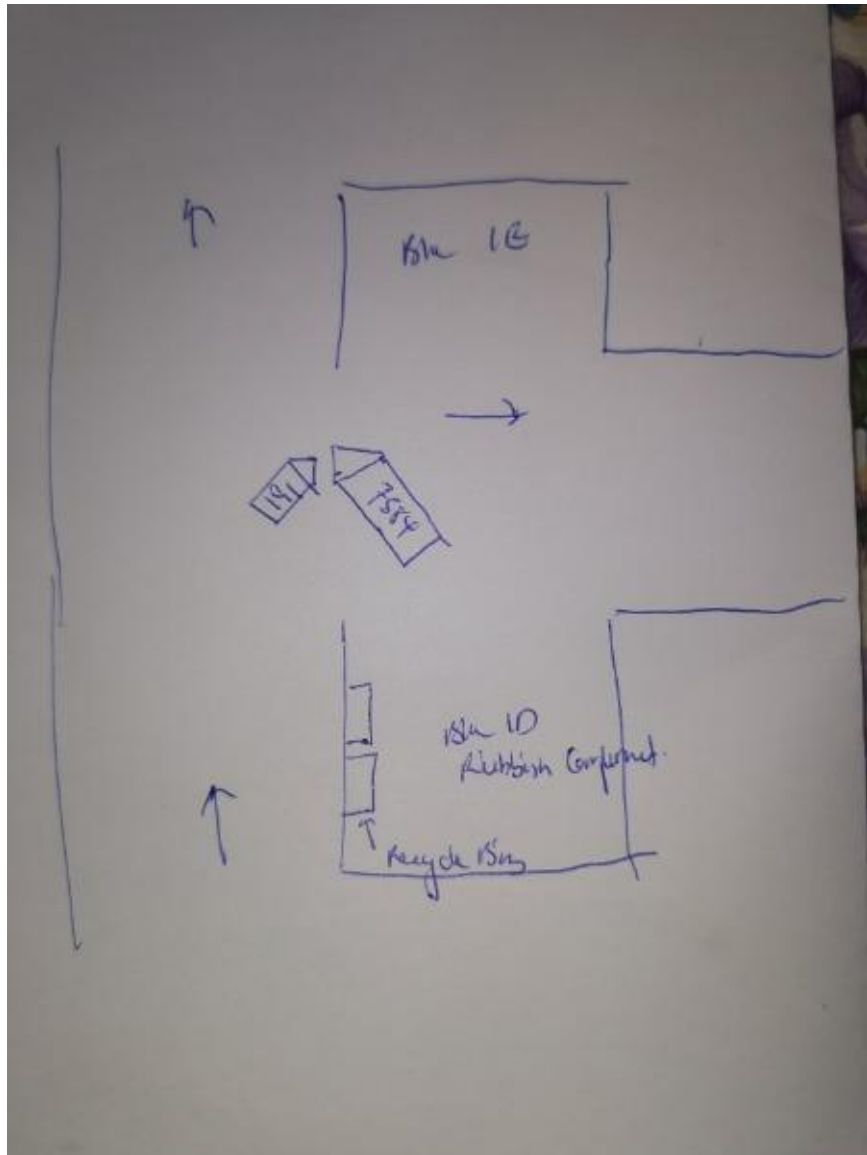
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INSD DID NOT PROVIDE VIDEO FOOTAGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
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



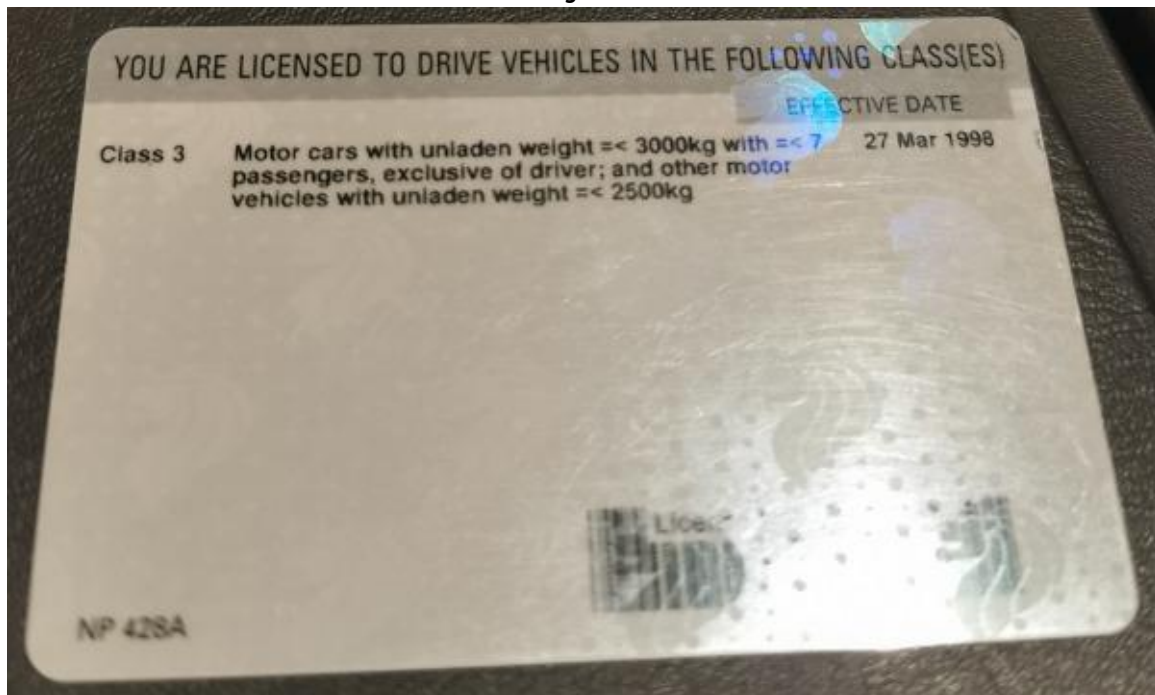
Accident Photo



Driving License



Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7441493A



Name
NG WEE SHANG

黄 煒 翔

Race
CHINESE

Date of birth
23-12-1974

Sex
M



Country/Place of birth
SINGAPORE



Identification Card

