SA0121620001 / AIG Asia Pacific Insurance Pte. Ltd. ENTRY DATE & TIME: 02/06/2021 16:27 (SGT) SUBMITTED BY: Grace Tan VERSION: 1 (02/06/2021 16:27 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance 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 02/06/2021 16:27 (SGT) Date of Accident 11/03/2021 12:30 (SGT) Exact Location of Accident 34 Upper Cross St, Block 34, Singapore 050034 Additional Location Information Multi-story carpark Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SFF72P

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NG WU HIN NRIC No. S0147526F Email Address ngwh@qqm-sg.com Mobile Phone No (Phone) +65-90269139 Alternative Phone No +65-90269139

## VEHICLE PARTICULARS

Manufacturer Mercedes Model S320 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 2996

## **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1700008134-04 Cover Note Number

# DRIVER

Name of Driver NG WU HIN NRIC No. S0147526F

Date Of Birth 13/11/1953 Occupation Indoor Date Of Driving Pass 31/05/1997 Driving experience 23 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-90269139 Alt. Phone Number +65-90269139 Email Address ngwh@qqm-sg.com Address 137 SUNSET WAY Address complement **CLEMENTI PARK #02-21 SINGAPORE** Postcode 597159 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Clementi Division Headquarters Police Station Phone No (Phone) +65-18007740000 Alt. Police Station Phone No (Fax) +65-67741705 Police Station Address 20 Clementi Avenue 5 Singapore 129858 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to police report. Please note that the powdery marks on my car was easily wiped off. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGK165S Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	<del>-</del>
Insurance Company Name	·····
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	<u>-</u>



