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.

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 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 31/03/2021 11:30 (SGT) Date of Accident 30/03/2021 12:00 (SGT) Exact Location of Accident 297 Holland Rd, Singapore 278629 Additional Location Information Caltex Petrol Station Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Subaru

Vehicle Registration Number SJJ1314S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Ng Boon Ping (Huang Wenbin) NRIC No. S7117858G Email Address johnnyng_bp@hotmail.com Mobile Phone No (Phone) +65-91838800 Alternative Phone No +65-91838800

VEHICLE PARTICULARS

Manufacturer

Model Χv 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 1600

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2100493936-04 Cover Note Number

DRIVER

Name of Driver Ng Boon Ping (Huang Wenbin) NRIC No. S7117858G



Date Of Birth 26/05/1971 Occupation Indoor Date Of Driving Pass 24/12/1992 Driving experience 28 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-91838800 Alt. Phone Number +65-91838800 Email Address johnnyng_bp@hotmail.com Address 483 Segar Road Address complement #11-336 SINGAPORE Postcode 670483 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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? No 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Was entering petrol kiosk trying to reach pump. Tried to squeeze between 2 stationary vehicles that were filling up their tanks. My front left bumper scratched the right rear bumper of EQ26C. Point to note is driver of EQ26C is not in the vehicle at point of accident. Not able to attach video to show how slow vehicle was moving and how minor the impact was. 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 NO VIDEO UPLOADED Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EQ26C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	_

Contact Number	-
Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_







