

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	11/03/2019 19:45
Date Of Accident	10/03/2019 22:00
Exact Location Of Accident	ROCHOR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7151K
Insured/Policyholder	
Name Of Registered Owner	WU YIHONG
NRIC No	S2605311J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97628630
Alternative Phone No	Office-66411856

Vehicle Particulars

Manufacturer	MAZDA
Model	3 1.5 SKYACTIV
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	1900010499
Cover Note Number	

Driver

Name of Driver	WU JINYI, ERIC
NRIC No	S9805735H
Date Of Birth	16/02/1998
Occupation	INDOOR
Date Of Driving Pass	23/10/2018
Driving Experience	0 YEAR AND 4 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-97628630
Fax Number	
Contact Number	OFFICE-66411856
EMail Address	NOEMAIL
Address	6 BISHAN STREET 25 CLOVER BY THE PARK #25-09 SINGAPORE
Postcode	573975
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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	Name: : KOW SHUMIN CHERYL Gender: : Female
Passenger 2	Name: : LOO YING ERN Gender: : Female

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

#straightroad Moving straight & Moving straight SMG7151K SHC5808T WSVC19000598 Accident_Description Accident occurred on 10/03/19 at 2200 between SMG7151K and SHC5808T (Transcab) at Rochor Road after exit from ECP. The front of SMG7151K came into very light contact with the back of the Transcab at a traffic light stop (when the red light signal was on). Upon initial inspection both cars that were involved suffered no visible damages (refer to earlier pictures).

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 Witness 1

Name	CHERYL
Phone Number	91123955
Email Address	CHERYL148@GMAIL.COM

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5808T
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	TAXI
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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



Accident Photo



Accident Photo




Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg	23 Oct 2018

NP 428A

Licence No: S9805735H



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S 9 8 0 5 7 3 5 H**
Name **WU JINYI, ERIC**

Birth Date **16 Feb 1998**
Issue Date **23 Oct 2018**



002860495K

Identification Card

5211437

NRIC No. S9805735H

Date of Issue
23-08-2013

Address
6 BISHAN STREET 25
#25-09
SINGAPORE 573975



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9805735H**



Name
WU JINYI, ERIC

吴进一

Race
CHINESE

Date of birth
16-02-1998

Country/Place of birth
SINGAPORE

Sex
M

