Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 12/03/2019 12:43

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 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.
- 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

Pate Of Report Pate Of Accident Exact Location Of Accident Country/State of Loss	11/03/2019 19:45 10/03/2019 22:00
exact Location Of Accident	
	POOLIGE POAR
ountry/State of Loss	ROCHOR ROAD
-	SINGAPORE
	DETAILS OF OWN VEHICLE
ehicle Registration Number	SMG7151K
nsured/Policyholder	
lame Of Registered Owner	WU YIHONG
IRIC No	S2605311J
mail Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97628630
lternative Phone No	Office-66411856
/ehicle Particulars	
Manufacturer	MAZDA
Model	3 1.5 SKYACTIV
xact Purpose for which vehicle was being used at me of accident	
re you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	REPORTING ONLY
ehicle Category	PRIVATE CAR
nsurance Company	
lame of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
Policy Number	1900010499
cover Note Number	
Oriver	
lame of Driver	WU JINYI, ERIC
IDIC No.	S9805735H
IRIC No	
ate Of Birth	16/02/1998

23/10/2018

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 3

Number of Passengers (Including Driver)

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

#straightroad Moving straight & SMG7151K SHC5808T WSVC19000598 Accident_Description Accident occured on 10/03/19 at 2200 between SMG7151K and SHC5080T (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 rid 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?

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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

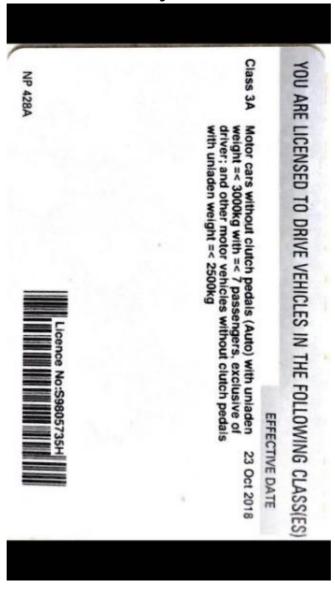


Accident Photo



Accident Photo





Driving License



Identification Card



Identification Card

