

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	15/05/2019 13:21
Date Of Accident	14/05/2019 08:00
Exact Location Of Accident	ON THE TURNING OF HILLCREST ROAD TO DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1887A
Insured/Policyholder	
Name Of Registered Owner	PU XIA
NRIC No	S7188474J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91380136
Alternative Phone No	Office-62098030

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ CLA200 SHOOTING BRAKE
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	1700009102-02
Cover Note Number	

Driver

Name of Driver	PU XIA
NRIC No	S7188474J
Date Of Birth	24/08/1971
Occupation	INDOOR
Date Of Driving Pass	24/03/2017
Driving Experience	2 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-91380136
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	530 JOO CHIAT ROAD CORALIS #17-03 SINGAPORE
Postcode	427710
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)	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

#tjunction Turning Right & Turning Right Blue Car SLP1887A White Car SLJ32M Yesterday around 800am I was driving at the turning of Hillcrest Road into Main Road. When I was focusing to watch a big bus which was coming from my left side on the Main Road my car slightly hitting the rear end of my front car which is caused his car rear on the right side damaged please see the attached photos.

Attachment(s)

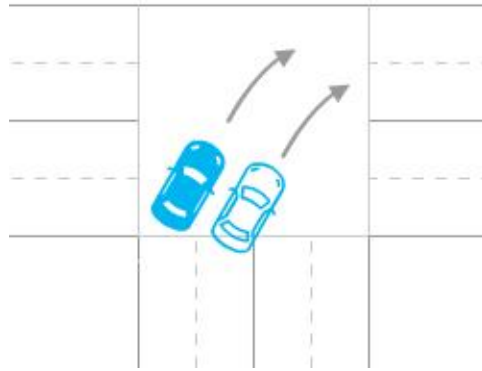
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ32M
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



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

PU XIA

Licence Number: **S 71 8 8 4 7 4 J**

Name:

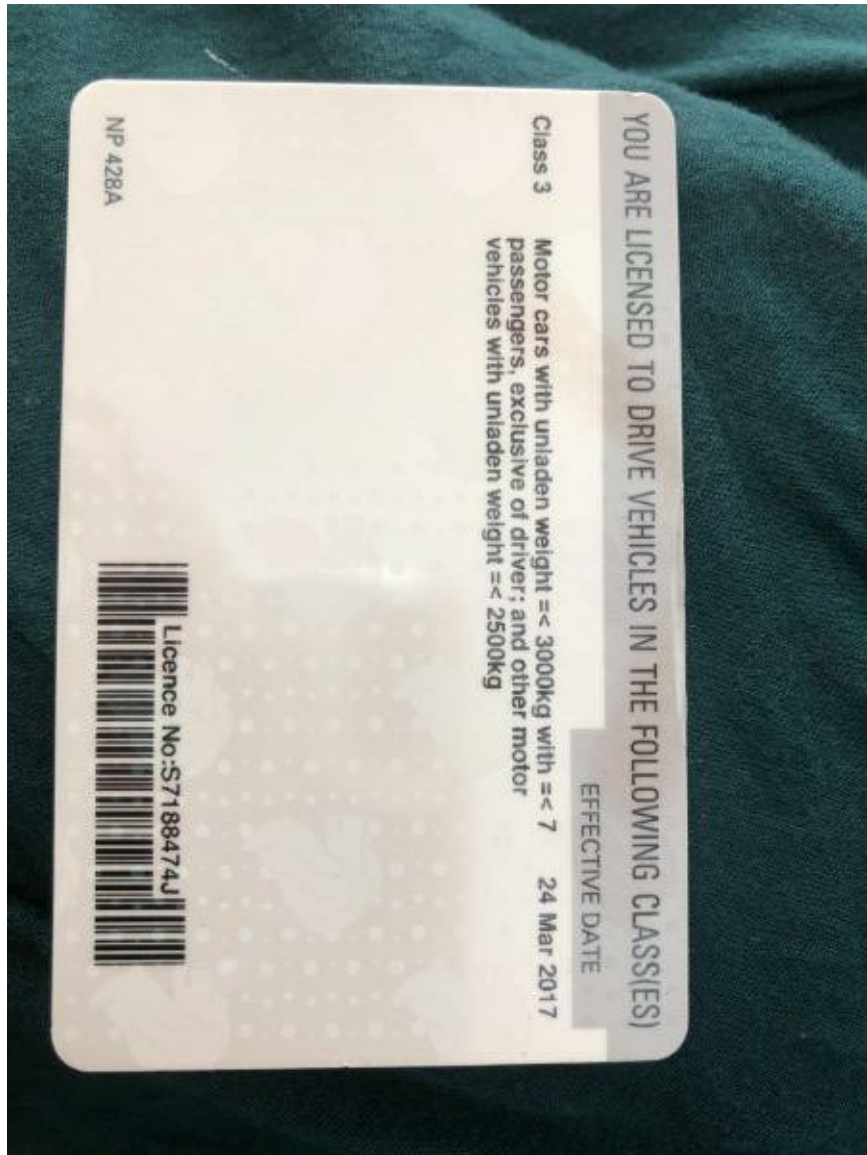
Birth Date: **24 Aug 1971**

Issue Date: **24 Mar 2017**

002669204E




Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7188474J



Name
PU XIA

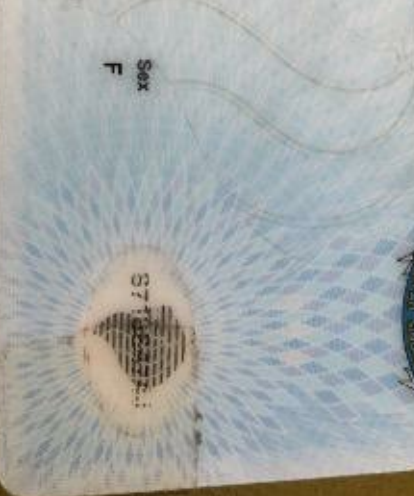


Race
蒲霞

CHINESE

Date of birth
24-08-1971

Country/Place of birth
CHINA

Sex
F



Identification Card

