

## 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	01/01/2020 23:05
Date Of Accident	31/12/2019 22:15
Exact Location Of Accident	180 PASIR RIS DRIVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ3902J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHENG JUAN
NRIC No	S6867931A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91669059
Alternative Phone No	Office-91035753

### 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	1900235969
Cover Note Number	

### Driver

Name of Driver	ZHENG YUANYUAN
NRIC No	G0222200R
Date Of Birth	06/09/1991
Occupation	INDOOR
Date Of Driving Pass	22/10/2019
Driving Experience	0 YEAR AND 2 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-91669059
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	180 PASIR RIS STREET 11 #08-02 SINGAPORE
Postcode	510180
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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

Circumstances Of Accident #straightroad Accident\_Scenario Moving straight & Moving straight Blue Car SMQ3902J White Car GBE8049H Both of us stop at the turning point waiting to turn right I do not stop my car properly and gently touched the front car my car had no damage

#### 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	GBE8049H
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



Accident Photo



## Driving License





Identification Card



Identification Card

FA2164990

**STUDENT'S PASS**  
Immigration Regulations

FIN G0222200R

MULTIPLE JOURNEY VISA ISSUED

Date of Issue	Date of Expiry
17-12-2018	22-06-2020

THIS PASS WILL NOT BE VALID AND SHALL BE SURRENDERED FOR CANCELLATION WITHIN 7 DAYS IF HOLDER CEASES TO BE A STUDENT WITH THE SCHOOL FOR WHICH THIS PASS WAS ISSUED.



Driving License

