

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 | 20/01/2020 15:33 |
| Date Of Accident | 18/01/2020 21:10 |
| Exact Location Of Accident | CHINATOWN/SOUTH BRIDGE ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKA6619R |
| Insured/Policyholder | |
| Name Of Registered Owner | PENG ZHI HONG |
| NRIC No | S8103475C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84990211 |
| Alternative Phone No | Office-98388592 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | MERCEDES-BENZ |
| Model | BENZ GLA180 |
| 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 | 1800057172-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | PENG ZHI HONG |
| NRIC No | S8103475C |
| Date Of Birth | 22/01/1981 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/04/2010 |
| Driving Experience | 9 YEARS AND 9 MONTHS |

| | |
|---|--|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84990211 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |
| Address | 197D BOON LAY DRIVE #13-123 SINGAPORE |
| Postcode | 644197 |
| 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) | 2 |
| Passenger 1 | Name: : casey 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 SKA6619R SHD123M WSVC20000161 Accident_Description The taxi in front of mine car did not move off promptly when the traffic light turn green and I hit the rear bumper.

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 | SHD123M |
| 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

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

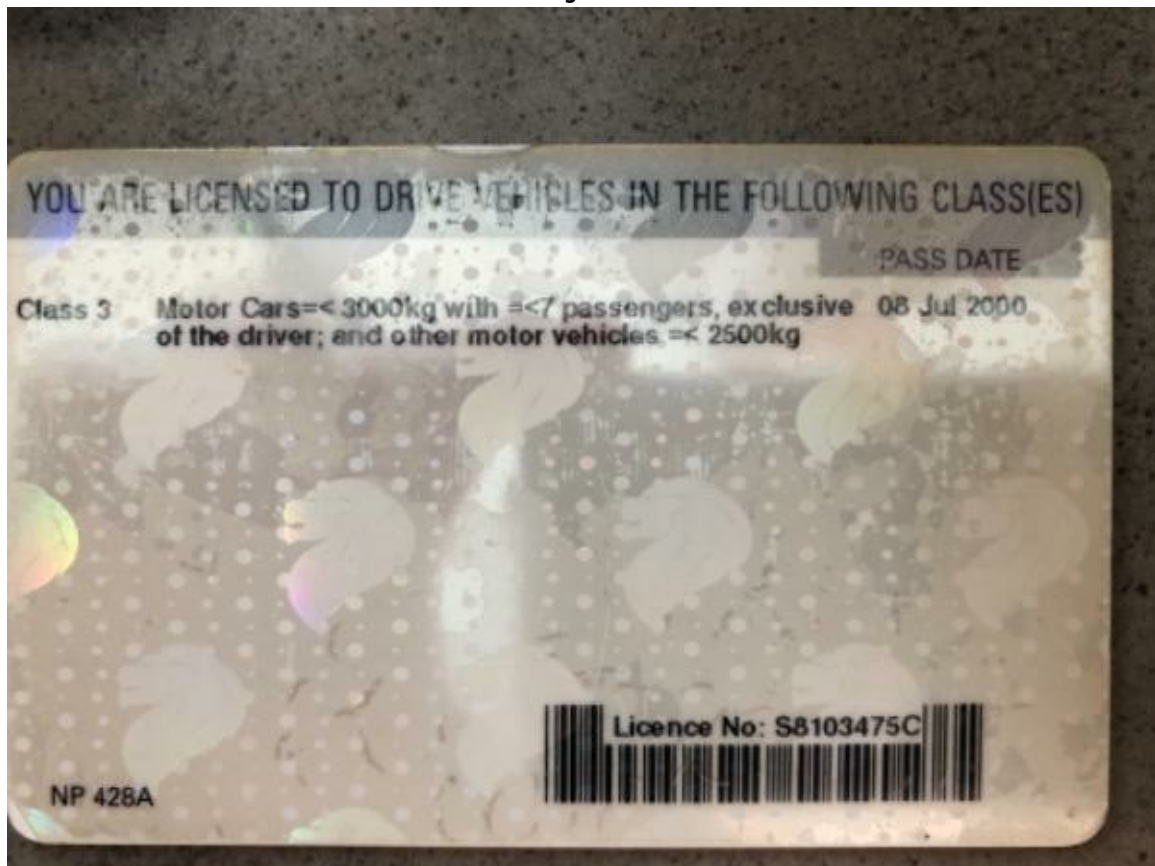
Licence Number: **S8103475C**
Name: **PENG ZHI HONG**

Birth Date: **22 Jan 1981**
Issue Date: **08 Apr 2010**



 001845599E

Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8103475C



Name
PENG ZHI HONG
彭智鴻

Race
CHINESE

Date of birth
22-01-1981

Sex
M

Country of birth
SINGAPORE



Identification Card

