

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 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 20/09/2021 10:42 (SGT) Date of Accident 17/09/2021 17:15 (SGT) Exact Location of Accident Singapore Additional Location Information Before exit 13A (while on PIE direction towards Tuas) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA2041J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner John Zhang ZiChun NRIC No. S8617280A Email Address johnzhangzichun@gmail.com Mobile Phone No (Phone) +65-92707363 Alternative Phone No +65-69178554

VEHICLE PARTICULARS

Manufacturer Nissan Model Qashqai Variant 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1197

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1800063102-03 Cover Note Number

DRIVER

Name of Driver John Zhang ZiChun NRIC No. S8617280A

Date Of Birth	02/06/1986	
Occupation	Indoor	
Date Of Driving Pass	18/12/2009	
Driving experience		
	11 YEARS AND 9 MONTHS	
	Male	
Mobile Number	(Phone) +65-92707363	
Alt. Phone Number	+65-69178554	
Email Address	johnzhangzichun@gmail.com	
Address	79E TOA PAYOH CENTRAL	
Address complement	#09-75	
Postcode	315079	
Is the driver the policyholder?	Yes	
If No, Relationship of the Driver with the Insured	-	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver	110	
	-	
Insurance Company of Other Vehicle Owned by Driver	-	
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OFNEDAL INFORMATION OF THE ACCIDENT		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
Weather Conditions	Clear	
Road Surface	Dry	
	Diy	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?	No	
Number of vehicles involved in the accident	2	
Was anybody injured in the Accident?	No	
Was any injured conveyed to hospital by ambulance?	-	
Was any other vehicle or property damaged?	Yes	
Number of Passengers (Including Driver)	1	
Has the driver been approached by unknown person(s)	I	
soliciting/offering accident claims assistance?	No	
Soliciting/oriening accident claims assistance:	NO	
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	-	
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CIRCUMSTANCES OF ACCIDENT		
Collision - Head to Rear (I hit a third party vehicle)		
(pa		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
Was there any audio recorded?	No	
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DETAIL O DE CELLER	VEHIOLE PROPERTY 4	
DETAILS OF OTHER VEHICLE PROPERTY 1		
Vehicle Registration Number	SHD3744B	
Vehicle Manufacturer	-	
Vehicle Model		

Vehicle Registration Number Vehicle Manufacturer	SHD3744B -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-90814818
Address	-
Address complement	-

Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. Of Passenger (Including Driver)	_









