SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number

EMail Address

Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability 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 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.

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	14/12/2017 10:55
Date Of Accident	13/12/2017 19:45
Exact Location Of Accident	PAYA LEBAR ROAD TRAFFIC LIGHT BEFORE EXIT TO PIE (
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF1938M
Insured/Policyholder	
Name Of Registered Owner	SHAH GOPUL NAVNITLAL
NRIC No	S2684277H
Email Address	GOPUL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92766920
Alternative Phone No	Others-86661901
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-1.8 (A)
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	2100412425-02
Cover Note Number	
Driver	
Name of Driver	SHAH GOPUL NAVNITLAL
NRIC No	S2684277H
Date Of Birth	01/06/1967
Occupation	INDOOR
Date Of Driving Pass	22/10/2005
Driving Experience	12 YEARS AND 1 MONTH

MALE

(LOCAL) +65-92766920

GOPUL@HOTMAIL.COM

HAIG COURT 05-01 SINGAPORE

OTHERS-86661901

152 HAIG ROAD

Postcode 438791

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 RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

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 Blue Car SJF1938M White Car SGK6105B Accident_Description "WHILE HALTING AT THE TRAFFIC JUNCTION, MY VEHICLE (SJF1938M) SKID INTO THE HALTING VEHICLE IN FRONT (SGK6105B). CONDITIONS OF DRIZZLE AFTER THE RAIN AND WET ROAD SURFACE."

Attachment(s)

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

Sketch Plan



REPUBLIC OF SINGAPORE DRIVING LICENCE

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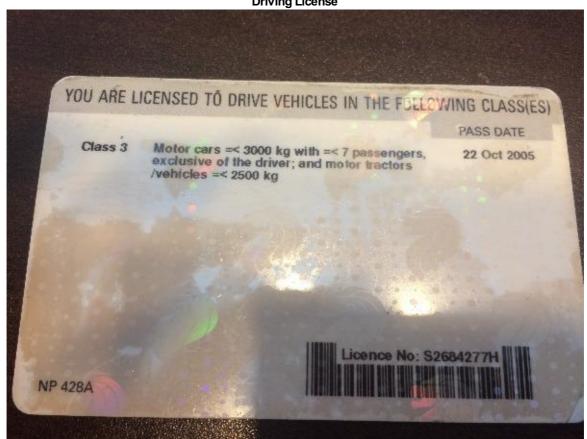
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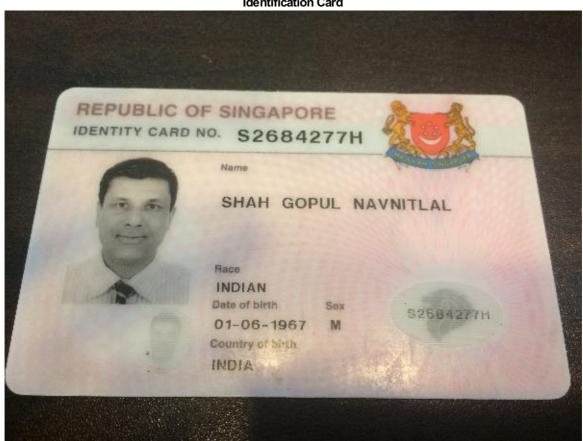
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Driving License



Identification Card



Identification Card



