

### 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 ability.
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	06/03/2018 11:33
Date Of Accident	03/03/2018 17:40
Exact Location Of Accident	TPE NEAR PUNGGOL WAY
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU6343C
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#### Insured/Policyholder

Name Of Registered Owner	GORDON KEIGHLEY LAWSON
Passport No/FIN	F2604155N
Email Address	GLAWSON1@KPMG.COM.SG
Mobile Phone No	(LOCAL) +65-81189930
Alternative Phone No	OFFICE-62132864

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	MERCEDES BENZ 124
Exact Purpose for which vehicle was being used at time of accident	COLLECTING FAMILY MEMBER FROM SCHOOL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2100365321
Cover Note Number	

#### Driver

Name of Driver	GORDON KEIGHLEY LAWSON
Passport No/FIN	F2604155N
Date Of Birth	06/11/1967
Occupation	INDOOR
Date Of Driving Pass	21/09/2013
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81189930
Fax Number	
Contact Number	OFFICE-62132864
EMail Address	GLAWSON1@KPMG.COM.SG

Address	31 LEONIE HILL #03-01 RIVERSHIRE
Postcode	239229
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 involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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

REFER TO ATTACHMENT

#### 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	SLL1037H
Vehicle Make/Model/Colour	HONDA HATCHBACK/BEIGE BROWN COLOUR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMED RAZI BIN HARUN
NRIC/Passport Number	S1656006E
Contact Number	90592992
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	REAR END OF MY CAR WAS SIGNIFICANTLY IMPACTED
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	GORDON KEIGHLEY LAWSON
Approximate Age	

Injuries Sustain

BACKACHE

Injured person in which vehicle?

SGU6343C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

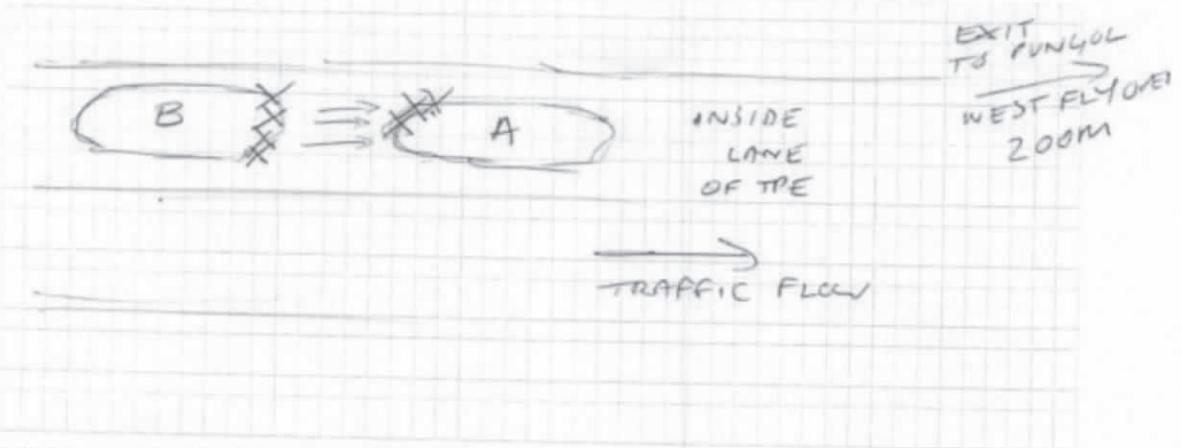
Address

Postcode



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

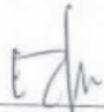
I WAS SITTING STATIONARY IN A QUEUE OF TRAFFIC ON THE TPE (INSIDE LANE). I WAS PREPARING TO EXIT AT THE PUNGOL WEST FLYOVER WHEN A VEHICLE HIT ME FROM BEHIND. THE HIT WAS SIGNIFICANT ENOUGH TO MOVE MY CAR FORWARD BUT I HAD SUFFICIENT SPACE IN FRONT TO AVOID THE VEHICLE IN FRONT OF ME. I EXITED THE VEHICLE TO CHECK THAT THE PASSENGERS IN THE VEHICLE BEHIND WERE OK. IT WAS AT THAT POINT THAT I FELT MY BACK ACHE. THE PAIN REFLECTS THE FACT THAT A JARRING FROM THE IMPACT. I CONSIDER THIS A MINOR IRRITANT BUT HAVE HAD NO FURTHER IMPLICATIONS.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: