

## 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	27/08/2018 20:57
Date Of Accident	25/08/2018 13:00
Exact Location Of Accident	SIMEI STREET 3. OUTSIDE CHANGI GENERAL HOSPITAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ7649K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VENDASALAM CHANDRAMOHAN
NRIC No	S7415969I
Email Address	V.CHANDRA09@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96816414
Alternative Phone No	Office-67822257

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 SIGNATURE
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	2100414613-03
Cover Note Number	

### Driver

Name of Driver	VENDASALAM CHANDRAMOHAN
NRIC No	S7415969I
Date Of Birth	23/05/1974
Occupation	INDOOR
Date Of Driving Pass	28/03/2003
Driving Experience	15 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96816414
Fax Number	
Contact Number	OFFICE-67822257
E-Mail Address	V.CHANDRA09@YAHOO.COM.SG
Address	304 TAMPINES STREET 32 #08-74 SINGAPORE
Postcode	520304
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?	NO
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

Collision - Head to Rear (I hit a third party vehicle), #others, Upload the drawing sketch plan, 1. I stopped at the traffic light outside Changi hospital along Simei street 3. 2. I wanted to change lane to the lane on my left to prepare to turn into changi hospital at the next junction. 3. There was a car beside me on the left lane but there were no cars behind him. 4. I checked blind spot and rear mirror. then reversed slowly to gain enough space to turn into the next lane behind the vehicle on my left side. 4. However, within 1-2 second i heard a thud noise and braked immediately. 5. I had hit the car at the back which i did not see earlier. 6. Upon inspection there were no damages to the car front and my car rear.

#### Attachment(s)

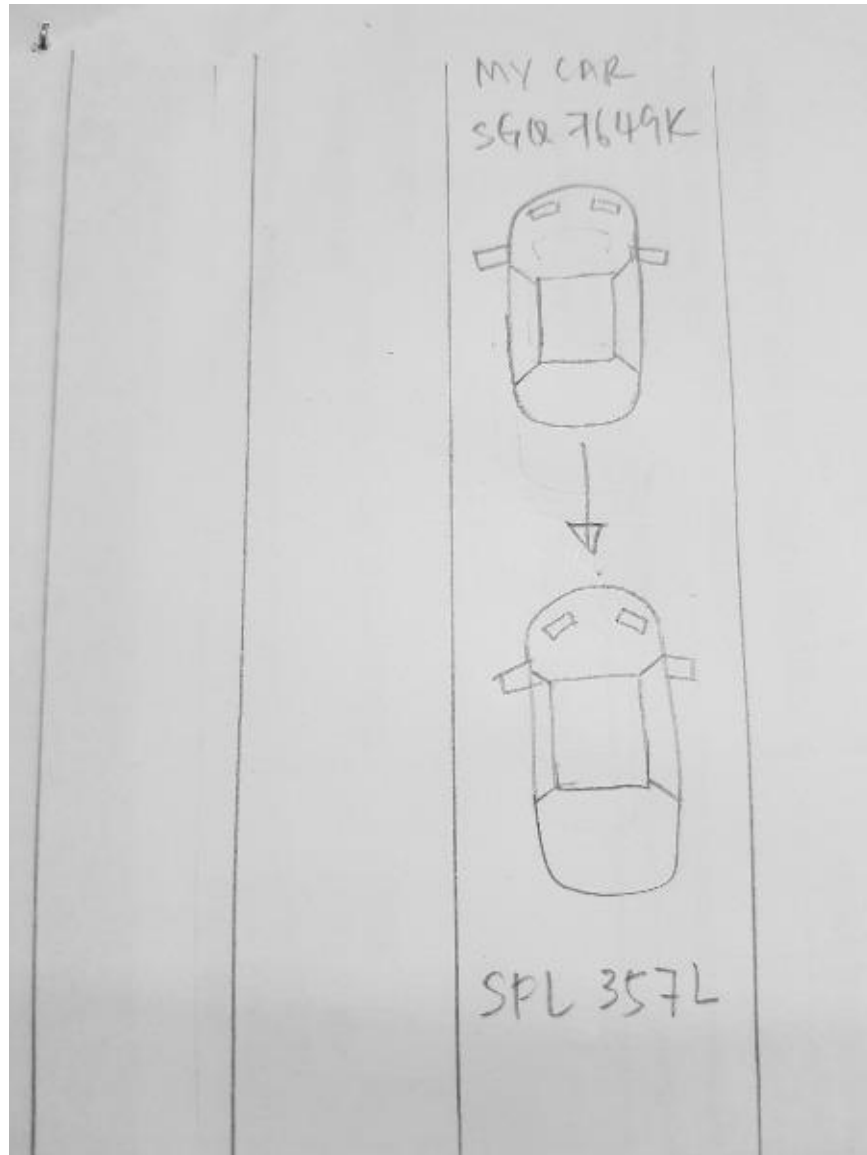
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NO VIDEO FILE ATTACHED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

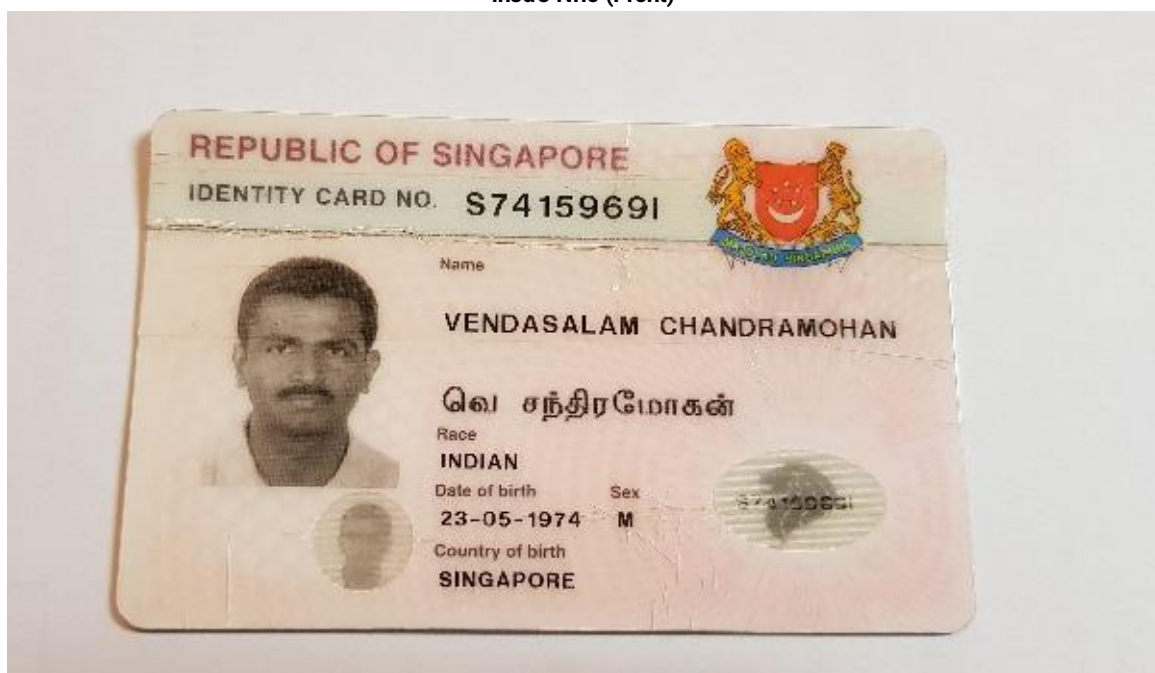
Vehicle Registration Number	SFL357L
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91004153
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



Insd's Nric (Front)



Insd's Nric (Back)



Insd's Driving License (Front)



Insd's Driving License (Back)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

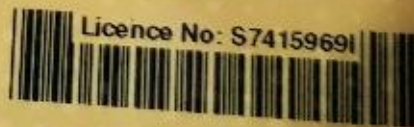
Class 2B Motorcycles not exceeding 200 cc  
Class 3 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE

10 Apr 1996

15 Jan 1999

NP 428A



Licence No: S74159691

Accident Photo



Accident Photo



Accident Photo



Accident Photo

