

## 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	23/01/2019 13:37
Date Of Accident	23/01/2019 11:30
Exact Location Of Accident	INSIDE COSTA RHU CONDOMINIUM - SIDE ROAD NEAR BLOC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB4454G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROHIT JUGALKISHOR GOYANKA
NRIC No	S7285174I
Email Address	ROHITGOENKA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96340715
Alternative Phone No	Others-62277264
<b>Vehicle Particulars</b>	
Manufacturer	AUDI
Model	Q7 3.0 TFSI QU (272BHP&333BHP)
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100260611-07
Cover Note Number	
<b>Driver</b>	
Name of Driver	ROHIT JUGALKISHOR GOYANKA
NRIC No	S7285174I
Date Of Birth	31/07/1972
Occupation	INDOOR
Date Of Driving Pass	28/10/2003
Driving Experience	15 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96340715
Fax Number	
Contact Number	
E-Mail Address	ROHITGOENKA@HOTMAIL.COM
Address	187 TANJONG RHU ROAD #08-05 SINGAPORE
Postcode	436925
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	SJJ1948M - -
Insurance Company of Driver's Own Vehicle	AIG Asia Pacific Insurance Pte. Ltd. - -

#### 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?	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), Circumstances Of Accident #straightroad, Moving straight & Moving straight. Blue Car SKB4454G, White Car GBC3722R. VEHICLE IN FRONT BRAKED SUDDENLY BEFORE ROAD BREAKER AND DRIVER COULDN'T BRAKED IN TIME.

#### 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	GBC3722R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

Sketch Plan



Insd's Nric (Front)



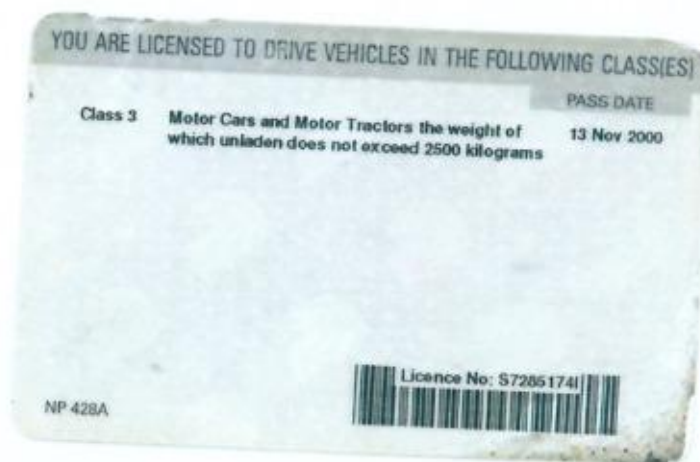
Insd's Nric (Back)



Insd's Driving License (Front)



Insd's Driving License (Back)



Third Party Niric & Driving License (Front)



Third Party Niric & Driving License (Back)







Accident Photo



Accident Photo



Accident Photo

