

## 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	28/03/2019 14:15
Date Of Accident	27/03/2019 14:30
Exact Location Of Accident	TAMPINES AVE 5 JUNCTION TO TAMPINES AVE 2. JUST BE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFA256C
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### Insured/Policyholder

Name Of Registered Owner	MUHAMMAD FADHILLAH BIN ABDUL AZIZ KAJAI
NRIC No	S7813423B
Email Address	FADHILNGOC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83338588
Alternative Phone No	Office-83338588

### Vehicle Particulars

Manufacturer	BMW
Model	520I 2.0 [SEDAN]
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	1800089863
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FADHILLAH BIN ABDUL AZIZ KAJAI
NRIC No	S7813423B
Date Of Birth	19/05/1978
Occupation	INDOOR
Date Of Driving Pass	13/12/1997
Driving Experience	21 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-83338588
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	1 FLORA DRIVE #04-08 DAHLIA PARK CONDO SINGAPORE
Postcode	507009
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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

#straightroad Moving straight & Moving straight sfa256c slc1627c WSVc19000724 Accident\_Description traffic light change to green move off as per normal. suddenly in less 3 seconds the vehicle in front (slc1627c) applied emergency brake. was unable to stop in time.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INSD DID NOT PROVIDE AUDIO / VIDEO FOOTAGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

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

## Sketch Plan



Accident Photo



Accident Photo



Accident Photo



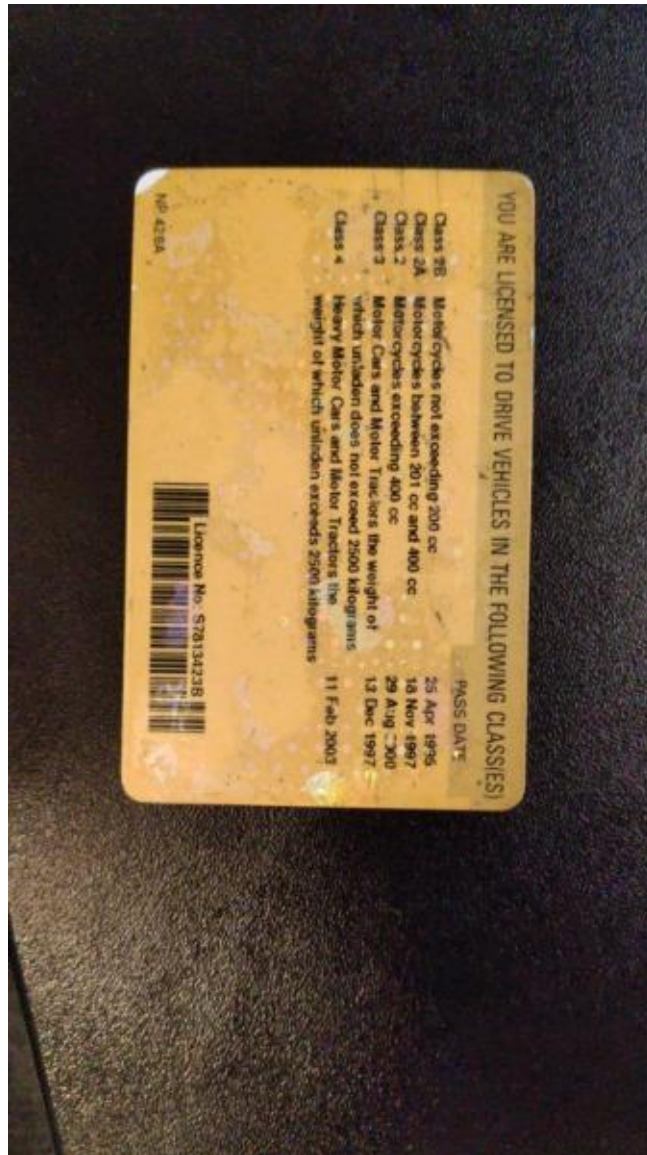


# Driving License

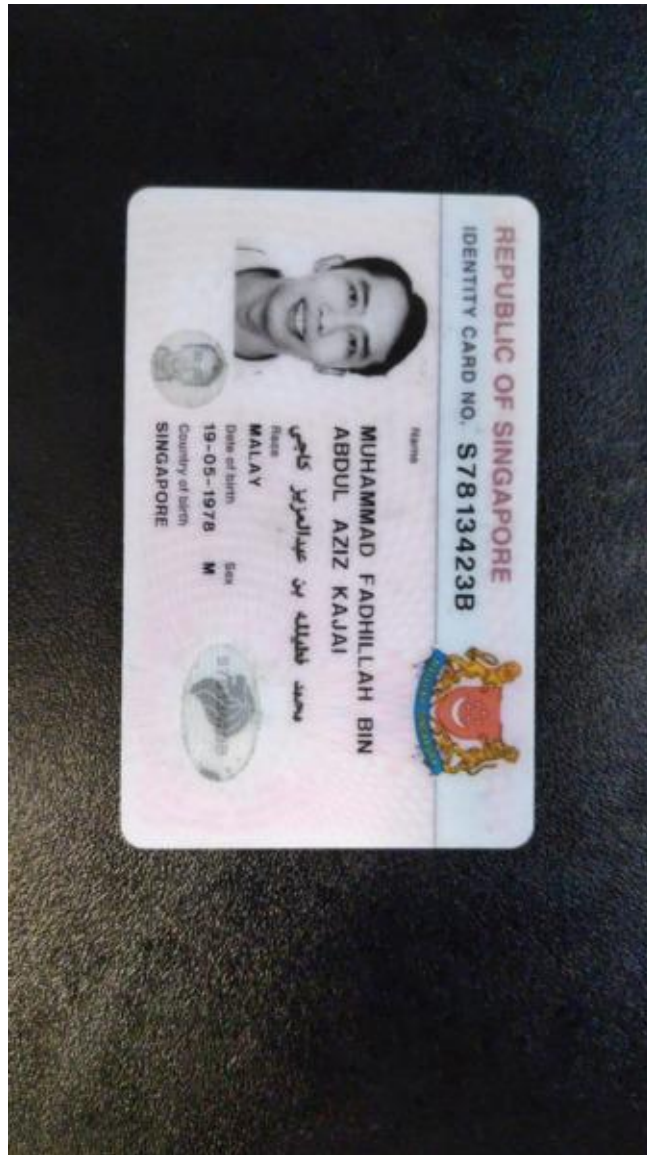




## Driving License



Identification Card



Identification Card

