Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 09/07/2019 16:20

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 witholding 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.

	ACCIDENT STATEMENT
Date Of Report	09/07/2019 14:16
Date Of Accident	07/07/2019 19:45
Exact Location Of Accident	CHOA CHU KANG AVENUE 3 BEFORE TRAFFIC LIGHT ENTERI
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA9570P
Insured/Policyholder	
Name Of Registered Owner	RAMAMOORTHY SAKTHIVEL MURUGAN
NRIC No	S2643152B
Email Address	SAKTHI_RAM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98168770
Alternative Phone No	Office-98168770
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 DUAL
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	2100448219-03
Cover Note Number	
Driver	
Name of Driver	SAKTHI RAM
NRIC No	S9570560Z
Date Of Birth	21/03/1995
Occupation	INDOOR

04/11/2013

5 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98168770

Fax Number

Contact Number

EMail Address SAKTHI_RAM@HOTMAIL.COM

Address BLK 233 PENDING ROAD #05-03

NO

2

NO

1

Postcode 670233

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured **CHILDREN**

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO Was any other material or property damaged?

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

Number of Passengers (Including Driver)

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 My vehicle hit the third party's vehicle as we were slowing down to the red light. Collision took place at creeping speed.

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

SJJ6192 Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



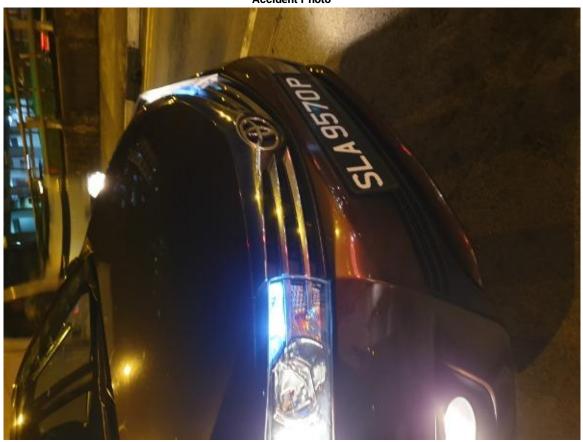
Accident Photo



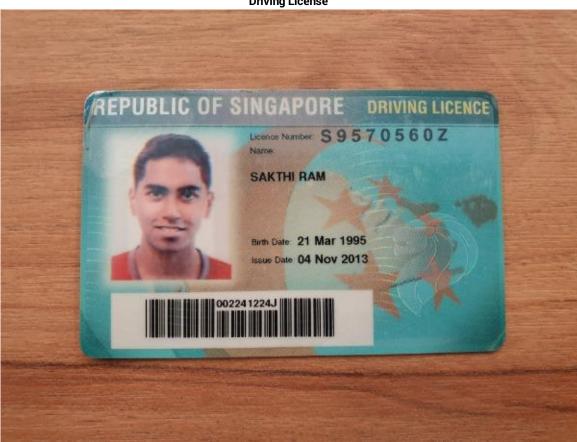




Accident Photo



Driving License



Driving License



Identification Card

