Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 25/11/2019 11:19

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> 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.
- 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

7. By the lodgement of this report to the insurers, you nereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/11/2019 21:02
Date Of Accident	20/10/2019 14:20
Exact Location Of Accident	DUNEARN ROAD CLOSE TO ADAM ROAD FOOD CENTER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC3080D
Insured/Policyholder	
Name Of Registered Owner	DURRANI MUHAMMAD RAFIQ
Passport No/FIN	G3381889R
Email Address	RAFIQ.DURRANI@SHELL.COM
Mobile Phone No	(LOCAL) +65-91290334
Alternative Phone No	Office-97296792
Vehicle Particulars	
Manufacturer	AUDI
Model	Q2/ Q2 SPORT 1.0 TFSI S TRONIC
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	1800083942-01
Cover Note Number	
Driver	
Name of Driver	DURRANI MUHAMMAD RAFIQ
Passport No/FIN	G3381889R
Date Of Birth	30/01/1980
Occupation	INDOOR

INDOOR

28/08/2018

1 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91290334

Fax Number

Contact Number

EMail Address RAFIQ.DURRANI@SHELL.COM

Address 15 LEEDON HEIGHTS

#01-53 SINGAPORE

Postcode 266225
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 SIDE SWIPE
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

NO

1

NO

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

#straightroad Changing lane & Moving in own Lane SMC3080D SJQ3949K WSVC19002371 Accident_Description I was changing lane to right and he side swiped me and he came straight

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO NOT SUBMITTED

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJQ3949K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

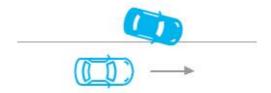
Postcode

Insurance Company Name

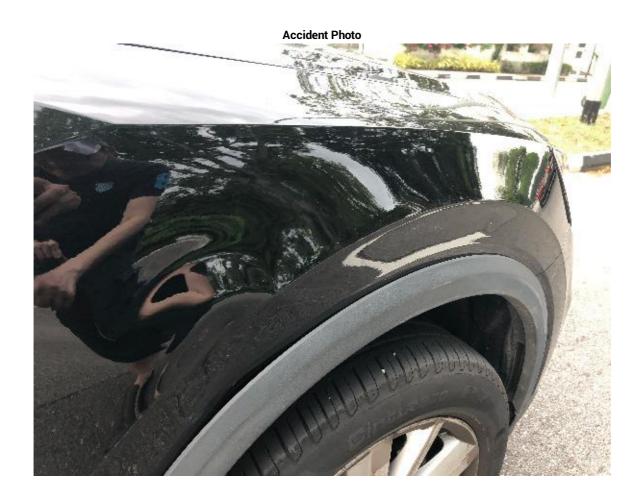
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan







Accident Photo



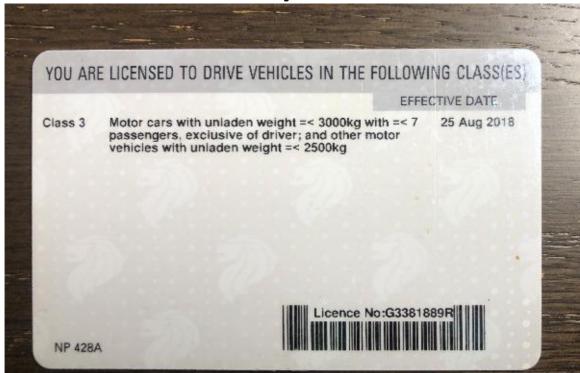




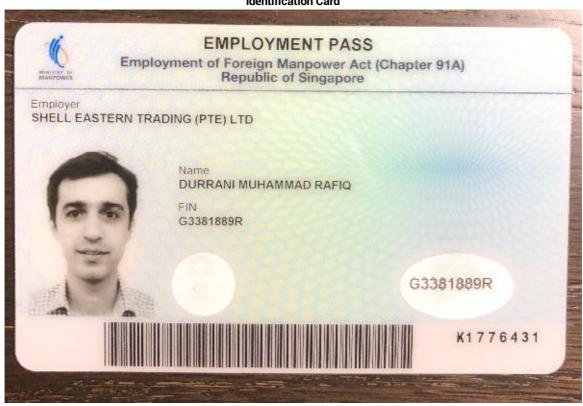
Driving License



Driving License



Identification Card



Identification Card

