

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	18/11/2019 12:56
Date Of Accident	03/11/2019 13:30
Exact Location Of Accident	81 CLEMENCEAU AVE, SINGAPORE 239917
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5380J
Insured/Policyholder	
Name Of Registered Owner	SALVO ALBERTO E BRUGAROLAS
Passport No/FIN	G5425417N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-9451612
Alternative Phone No	Office-82926393

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 1.5
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	2100368602-05
Cover Note Number	

Driver

Name of Driver	SALVO ALBERTO E BRUGAROLAS
Passport No/FIN	G5425417N
Date Of Birth	10/02/1972
Occupation	INDOOR
Date Of Driving Pass	17/01/2014
Driving Experience	5 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-9451612
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	4 DEAL ROAD SINGAPORE
Postcode	139838
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)	2
Passenger 1	Name: : lima Gender: : Female

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 Your organisation do SHC4193P WSVC19002340 Accident_Description I was around 250 meters from traffic light and stopped waiting for it to go green. Traffic light went green traffic moved and I started driving slowly and suddenly taxi in front stopped. I bumped my car on the back of the taxi. My car wasn't damaged and also the taxi wasn't damaged - see pictures - but there seemed to be a 0.25 mm space between his "bumper" and the body of car/metal. I am not sure if this was normal but took picture. After the "bump" I immediately checked on the driver and 3 passengers. All 4 of them were fine all 4 of them stated they didn't need any medical assistance and asked to leave as they were on their way to pick up a child in dance class. I gave my cell number to both driver and a passenger. I asked driver to call me in case SMRT would require any maintenance as it was very minor and I didn't need to use insurance for it. Nobody called.

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	SHC4193P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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



Identification Card

REPUBLIC OF SINGAPORE

FIN G5425991W





Name
FERNANDA PECANHA LACERDA LIMA

Date of Birth
23-12-1972

Sex
F

Nationality
AMERICAN





Identification Card

FA1987819

DEPENDANT'S PASS
Immigration Regulations

 FIN G5425991W

Date of Issue	Date of Expiry
12-02-2018	25-06-2023



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 5423991 W**

Name:

**FERNANDA PECANHA LACERDA
LIMA**

Birth Date: **23 Dec 1972**

Issue Date: **17 Jan 2014**

Valid Till **16 Jan 2019**





002266363B

Driving License

