# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 18/11/2019 16:29

#### 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.

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 65425417N  Email Address NOFIN 65425417N  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?  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  Passport No/FIN 65425417N	aforesaid.	
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Country/State of Loss    District Sof Own Verification Number   Sulfs380.0     Insured/Policyholder   Salvo Alberto E Brugarolas     Passport No/FIN   G\$425417N     Email Address   NoEMAIL     Mobile Phone No   (LoCAL) +65-9451612     Alternative Phone No   Office-82926393     Vericte Particulars   SulBARU     Model   MPREZA 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?     If No, Please state action to be taken   REPORTING ONLY     Policy Roman Company   Alg Asia Pacific Insurance PTE. LTD.     Type Of Coverage   COMPREHENSIVE     Fleet Policy   No     Policy Number   2100368602-05     Cover Note Number   Diriver     Name of Driver   Salvo Alberto E Brugarolas     Salvo Alberto E Brugarolas   Brugarolas     Salvo Alberto E Brugarolas     Salvo Alb	Date Of Accident	03/11/2019 13:30
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  Wanufacturer 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?  If No, Please state action to be taken REPORTING ONLY  Vehicle Category RINGTORDH REPORTING ONLY  Vehicle Category Alg ASIA PACIFIC INSURANCE PTE. LTD.  Type Of Coverage COMPREHENSIVE  Fleet Policy Number COMPRING  COMPREHENSIVE  Fleet Policy Number SALVO ALBERTO E BRUGAROLAS  Passport No/FIN G5425417N	Exact Location Of Accident	81 CLEMENCEAU AVE, SINGAPORE 239917
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Name Of Registered Owner Passport No/FIN G5425417N Email Address NOEMAIL Mobile Phone No (LOCAL) +65-9451612 Alternative Phone No Office-82926393  Vehicle Particulars Manufacturer Model Model MPREZA 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? If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE CAR Insurance Company No AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage Fleet Policy No Policy Number CowP Note Number Driver Name of Driver Passport No/FIN SALVO ALBERTO E BRUGAROLAS Passport No/FIN SALVO ALBERTO E BRUGAROLAS Passport No/FIN	Vehicle Registration Number	SJH5380J
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Mobile Phone No Alternative Phone No Office-82926393  Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at itime of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category PRIVATE CAR  Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number  Driver  Name of Driver Passport No/FIN SUBARU  SUBARU IMPREZA 1.5  S	Passport No/FIN	G5425417N
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Cover Note Number  Driver  Name of Driver  SALVO ALBERTO E BRUGAROLAS Passport No/FIN  G5425417N	Fleet Policy	NO
Driver       Name of Driver     SALVO ALBERTO E BRUGAROLAS       Passport No/FIN     G5425417N	Policy Number	2100368602-05
Name of Driver       SALVO ALBERTO E BRUGAROLAS         Passport No/FIN       G5425417N	Cover Note Number	
Passport No/FIN G5425417N	Driver	
	Name of Driver	SALVO ALBERTO E BRUGAROLAS
Date Of Birth 10/02/1972	Passport No/FIN	G5425417N
	Date Of Birth	10/02/1972

**INDOOR** 

17/01/2014

**5 YEARS AND 9 MONTHS** 

Gender MALE

Mobile Number (LOCAL) +65-9451612

Fax Number

**Contact Number** 

EMail 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

venicie

Insurance Company of Driver's Own Vehicle

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#### **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

NO

2

NO

Was any body injured in the Accident?

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)

Passenger 1 Name:

Gender: : Female

: lima

### **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 Moving straight & mp; 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 didnt 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

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

Nature Of Damage

# **Sketch Plan**



**Accident Photo** 



# **Accident Photo**







## **Identification Card**



## **Identification Card**



**Driving License** 



**Driving License** 

