

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	03/02/2020 17:52
Date Of Accident	01/02/2020 11:00
Exact Location Of Accident	NEAR 561 YISHUN RING ROAD CHONG PANG TEMPLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6759B
Insured/Policyholder	
Name Of Registered Owner	RAJ KUMAR S/O V SIVALINGAM
NRIC No	S7314535Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91767569
Alternative Phone No	Office-91767569

Vehicle Particulars

Manufacturer	VOLVO
Model	S60 T2
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	2100485975-03
Cover Note Number	

Driver

Name of Driver	NEVE SONDRASARASAN
NRIC No	S7534735I
Date Of Birth	05/11/1975
Occupation	INDOOR
Date Of Driving Pass	15/08/2019
Driving Experience	0 YEAR AND 5 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-91767569
Fax Number	
Contact Number	OFFICE-91767569
E-Mail Address	NOEMAIL
Address	507 SEMBAWANG ROAD #04-56 SINGAPORE
Postcode	757709
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	ROAD WORKS WAS GOING ON

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

WSVC20000287 Accident_Description I was driving slowly as it was a bend and roadworks ahead. The car was moving ahead of my car. However i noticed another car slightly behind my side mirror and he was so close and that was when I knocked into the car in front of me.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INSD DID NOT PROVIDE 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

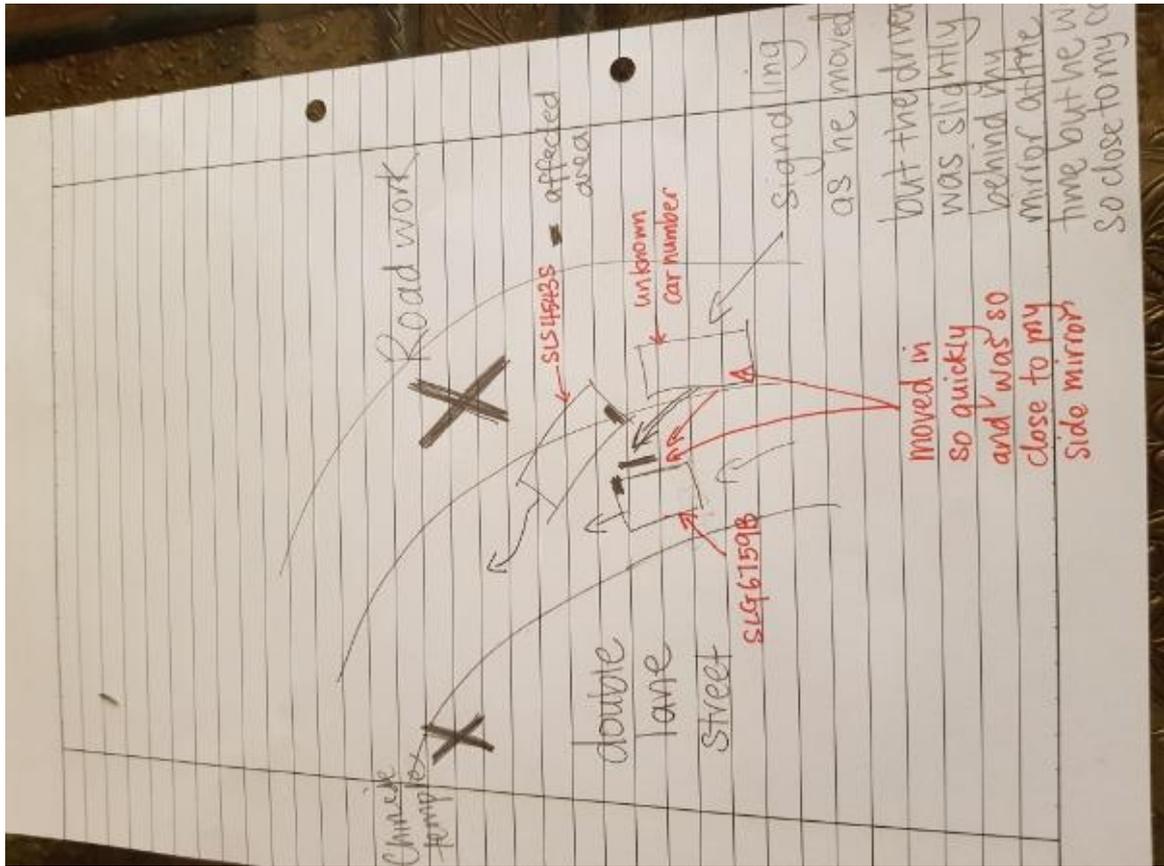
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



as he moved
but the driver
was slightly
behind my
mirror at the
time but he w
so close to my c

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg	15 Aug 2019

NP 478A

Licence No: S75347356



Identification Card



Identification Card

