MAHA20060348 / AIG Asia Pacific Insurance Pte. Ltd. - SG ENTRY DATE & TIME: 17/07/2020 10:01 SUBMITTED BY: Paramchand, Vashar

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	17/07/2020 10:01
Date Of Accident	16/07/2020 12:50
Exact Location Of Accident	LEFT SLIP ROAD FROM HOLLAND ROAD INTO FARRER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ4577D
Insured/Policyholder	
Name Of Registered Owner	GANESON S/O SHANMUGANATHAN
NRIC No	S1113918C
Email Address	GANESONSHANMUGANATHAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94308500
Alternative Phone No	Others-67762524
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SUZUKI SX4
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
lf 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	2100000905-13
Cover Note Number	
Driver	
Name of Driver	GANESON S/O SHANMUGANATHAN
NRIC No	S1113918C
Date Of Birth	23/05/1955
Occupation	INDOOR

INDOOR

05/04/2017

3 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94308500

Fax Number

Contact Number

EMail Address GANESONSHANMUGANATHAN@YAHOO.COM.SG

Address BLK 30A HOLLAND CLOSE

#04-213 SINGAPORE

Postcode 271030
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 - MAJOR/MINOR RD

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

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) 1

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

WSVC20001110 Accident_Description I was waiting at slip road from Holland road to turn left into Farrer road. Saw front car moving off from slip road to enter main road (i.e Farrer road) and proceeded to follow. I then looked to the right first to see for any on-coming vehicle from main road and since there was none I moved forward which then resulted in my car hitting the bumper of the front car.

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NRIC/Passport Number

Contact Number

Address

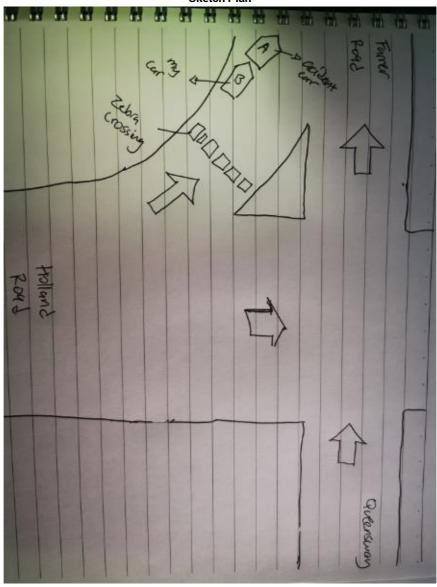
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan





Accident Photo







Accident Photo



Driving License



Driving License



