

## 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	11/08/2020 11:04
Date Of Accident	08/08/2020 17:30
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME2867Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DUMIR NEERAJ
NRIC No	SXXXX327A
Email Address	DUMIR@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91720001
Alternative Phone No	OFFICE-91720001

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1800114782
Cover Note Number	

### Driver

Name of Driver	KAPUR JYOTSNA
NRIC No	SXXXX949D
Date Of Birth	22/11/1977
Occupation	INDOOR
Date Of Driving Pass	12/04/2007
Driving Experience	13 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96353264
Fax Number	
Contact Number	
Email Address	JYOTSNAPUR@YAHOO.COM

Address	152 PRINCE CHARLES CRESCENT #17-08
Postcode	159013
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	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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NEERAJ DUMIR GENDER: : MALE

#### 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

I ( JYOTSNA KAPUR) WAS DRIVING IN THE MIDDLE LANE ON HOLLAND ROAD. THE CAR IN FRONT OF ME WAS CHANGING LANES AND DURING THE LANE CHANGING BRAKED ABRUPTLY. I ALSO APPLIED BRAKES BUT WAS NOT ABLE TO STOP EARLY ENOUGH AND COLLIDED INTO THE RIGHT END OF THE REAR BUMPER OF THE 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

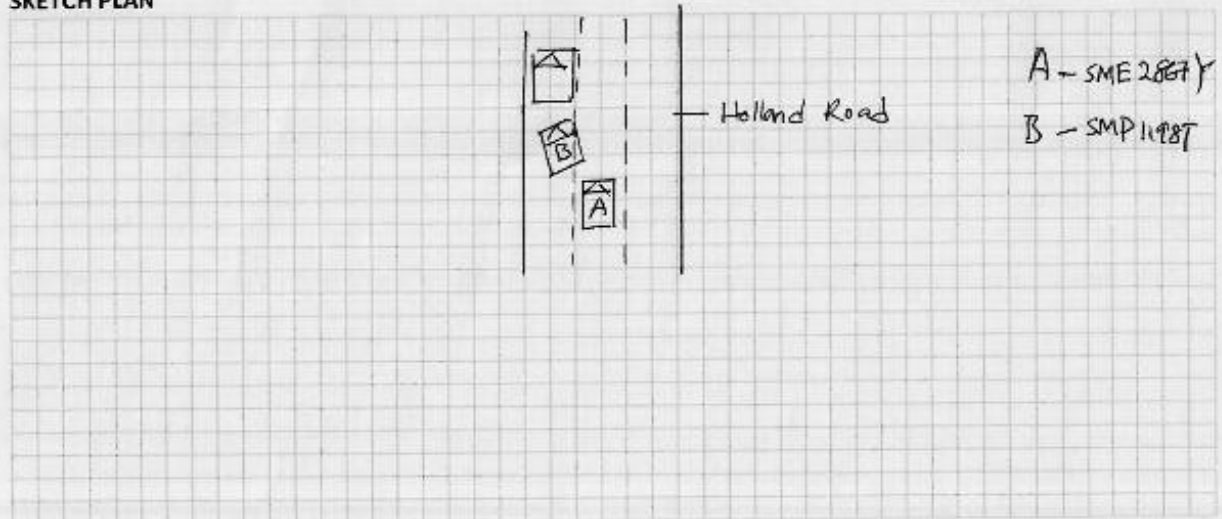
Vehicle Registration Number	SMP1198T
Vehicle Make/Model/Colour	VOLVO XT 60
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG LI-YEN
NRIC/Passport Number	SXXXX243Z
Contact Number	97911011
Address	28 WATTEN DRIVE
Postcode	287863
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)



## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (Tjatsne Kapu) was driving in the middle lane on Holland Road. The car in front of me was changing lanes and in during the lane changing braked abruptly. I also applied brakes but was not able to stop early enough and so collided into the right end of the rear bumper of the car.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Nesmy de*  
Policyholder's Signature  
Date & Time: 11<sup>th</sup> Aug 2020  
9:02 am

*George*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/8/2020 (9:02 am)

*George*  
Reporting Centre Personnel's Signature  
Name: Wale Ktawig Seneh, George  
NRIC/FIN No.: 629871954

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



