

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	16/11/2020 14:02
Date Of Accident	15/11/2020 19:50
Exact Location Of Accident	UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG3913E
Insured/Policyholder	
Name Of Registered Owner	SIVABALAN S/O KALA MUTHU
NRIC No	SXXXX572E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98529866
Alternative Phone No	OFFICE-98529866

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ GLC250
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	1800149993-02
Cover Note Number	

Driver

Name of Driver	SIVABALAN S/O KALA MUTHU
NRIC No	SXXXX572E
Date Of Birth	30/08/1970
Occupation	INDOOR
Date Of Driving Pass	03/07/1996
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98529866
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	51 BEDOK ROAD COUNTRY PARK CONDOMINIUM #02-26 SINGAPORE
Postcode	469568
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	RAINING
Road Surface	WET

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

On 15/11/20 at about 7.50pm I was driving along Upper East Coast Road. I exited on the slip road heading towards ECP. There was another car (SGZ7074X) ahead of me waiting to merge into the main road. As the van on the next lane moved on to the main road I assume that vehicle SGZ7074X will also have merged into the main road. As I was looking out for oncoming vehicles on the main road I surged forward and hit the rear of vehicle SZA7072X.

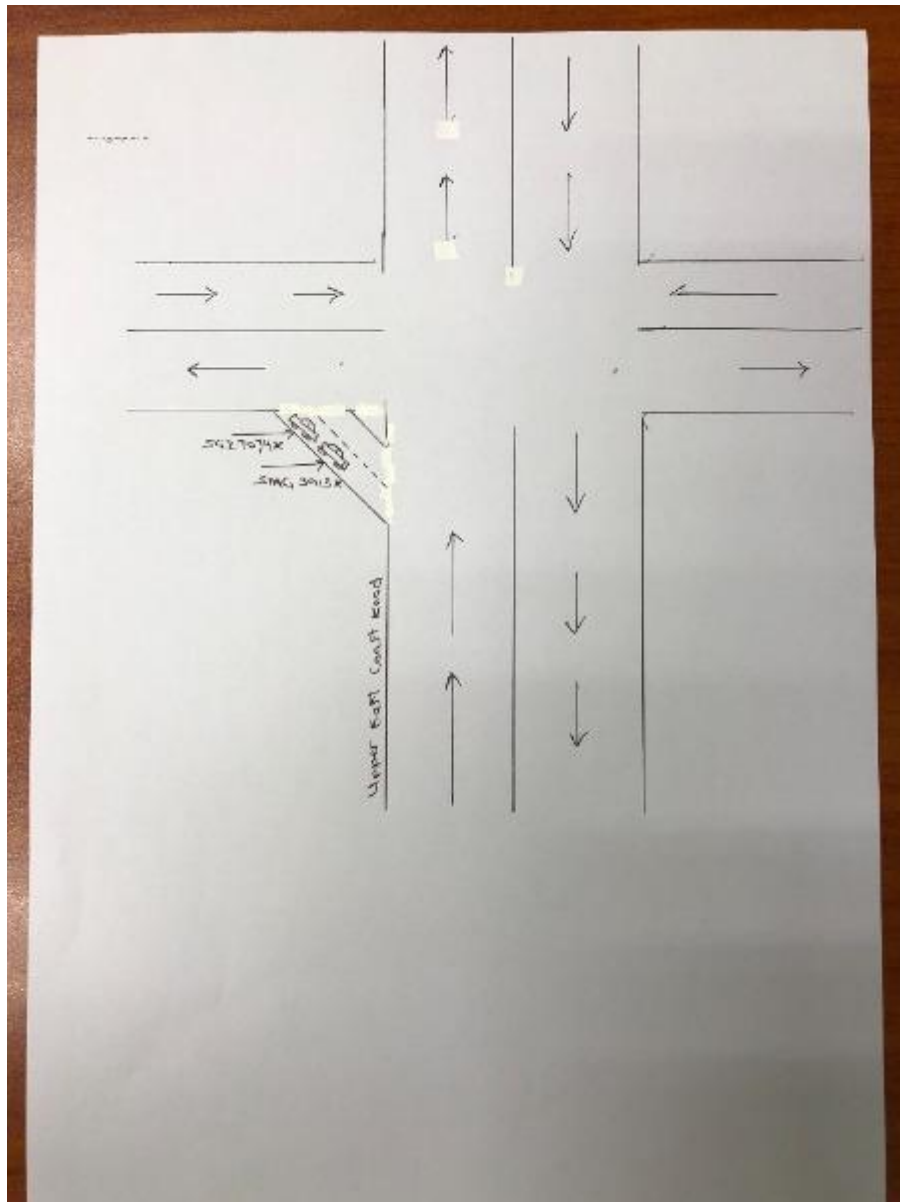
Attachment(s)

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	SGZ7074X
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



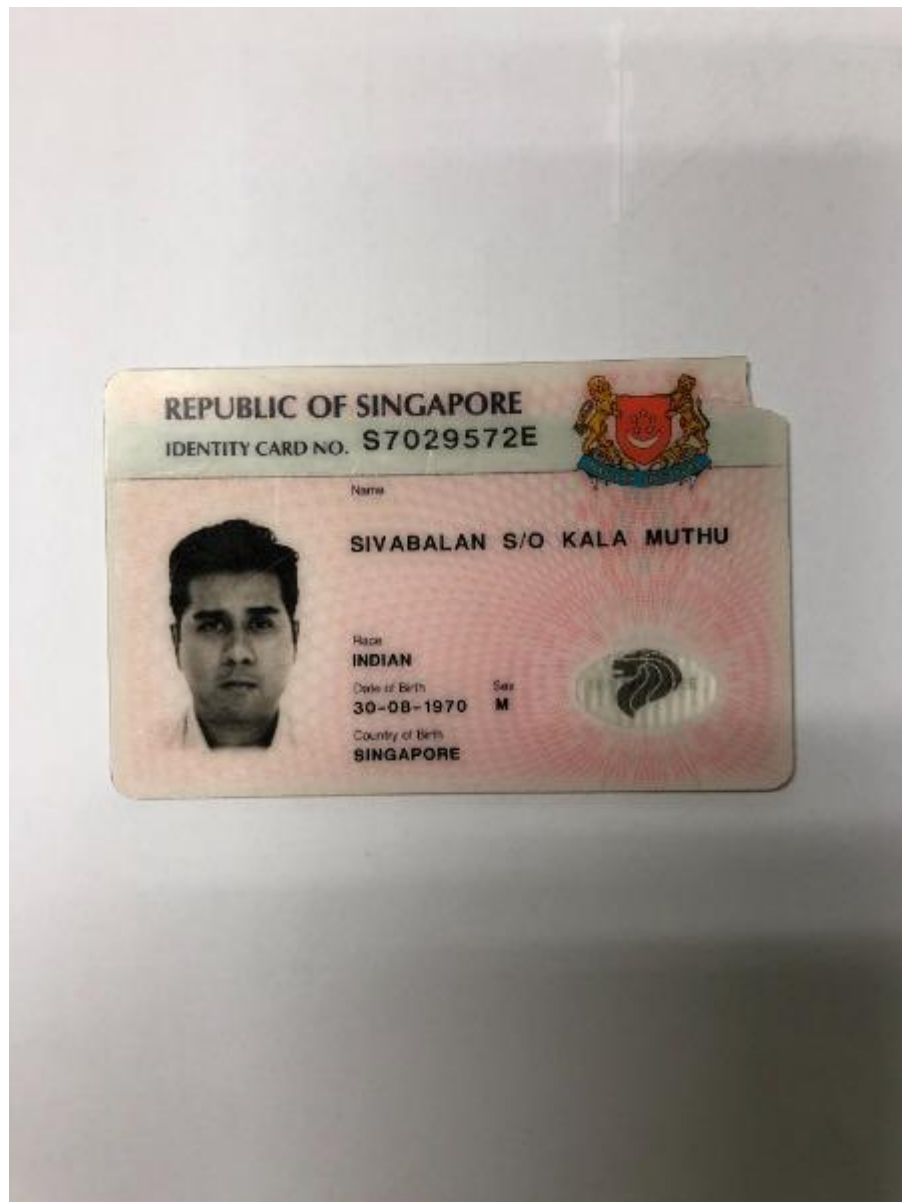
Driving License



Driving License



Identification Card



Identification Card

