

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 Submission 04/01/2021 10:07 (SGT)
Date of Accident 31/12/2020 10:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Junction of Newton merging onto Thomson going north
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP7685B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MULVENNA DAVID JOHN PAUL
NRIC No G3338350P
Email Address david.mulvenna@metricapartners.com
Mobile Phone No (Phone) +65-88097601
Alternative Phone No +65-88097601

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1700018100-03
Cover Note Number -

DRIVER

Name of Driver Chan Karen Ho Yee
NRIC No G3379489X
Date Of Birth 27/02/1977
Occupation Indoor

Date Of Driving Pass	28/09/2017
Driving experience	3 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91593990
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.OM
Address	29A CHANCERY LANE
Address complement	CHANCERY GROVE29
Postcode	309539
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

R2000006906 Circumstances Of Accident I was on Newton Road travelling NE to merge onto Thomson going north. I slowed down as there was a man walking on my left side on the road (not for pedestrians)

and slowed down before merging onto Thomson. I looked to the right and saw that Thomson Road was clear

but did not realise that the taxi in front of me had not moved

so I bumped into his bumper.

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	SHC 5970G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	-
Contact Number	(Phone) +65-91741338
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-









