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 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 06/01/2021 18:33 (SGT) Date of Accident 06/01/2021 15:45 (SGT) Exact Location of Accident Mountbatten Rd & Stadium Blvd, Singapore Additional Location Information MOUNTBATTEN RD AND STADIUM BLVD JUNCTION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH1631B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMMAD ZULKARNAIN BIN ABDUL RAHMAN NRIC No SXXXX664H Email Address M.ZULKARNAIN85@GMAIL.COM Mobile Phone No (Phone) +65-91797474 Alternative Phone No +65-96452865

VEHICLE PARTICULARS

Manufacturer Audi Model A3 Variant 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 Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 1900003597 Cover Note Number

DRIVER

Name of Driver MUHAMMAD ZULKARNAIN BIN ABDUL RAHMAN NRIC No SXXXX664H Date Of Birth 29/06/1985 Occupation Indoor

Date Of Driving Pass 26/08/2004 Driving experience 16 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-91797474 Alt. Phone Number +65-96452865 Email Address M.ZULKARNAIN85@GMAIL.COM Address 677D PUNGGOL DRIVE Address complement #04-746 Postcode 824677 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **NERLYANI A HAMID** Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT RIGHT TURN GREEN ARROW ALONG MOUNTBATTEN ROAD TURNING INTO STADIUM BLVD, BLUE NISSAN SYLPHY JAMMED THE BRAKE HE ENTERED STADIUM BLVD, NO APPARENT REASON FROM MY DRIVING PERSPECTIVE. IN AN ATTEMPT TO AVOID, IPMACTED LEFT REAR END OF HIS VEHICLE. NO OTHER VEHICLE INVOLVED. RIGHT FRONT END OF MY VEHICLE DAMAGED. ATTACHMENT(S) Are accident photos available for attachment? Yes

Was there any audio recorded?

Was there any audio recorded?

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SFN5150Y Nissan
Vehicle Model	Sylphy
Vehicle Variant	-
Vehicle Colour	Blue

Vehicle Category	Private car
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	
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