

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	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
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INSURED/POLICYHOLDER

Is company?	No
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	No
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	Male
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?	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NERLYANI A HAMID
Gender	Female

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

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, IMPACTED 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 video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFN5150Y
Vehicle Manufacturer	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)	-

Describe Circumstances of the Accident


RIGHT TURN GREEN ARROW ALONG MOUNTBATTEN ROAD TURNING INTO STANLEY BLVD. BLUE NISSAN STUPHY TURNED THE CORNER HE CUTS OFF STANLEY BLVD. NO APPARENT OBSCURE FROM MY DRIVING PERSPECTIVE. IN AN ATTEMPT TO AVOID, IMPACTED LEFT REAR END OF THE VEHICLE. NO OTHER VEHICLE INVOLVED. FRONT REAR END OF MY VEHICLE DAMAGED.

Declaration


We declare the foregoing particulars are true in every respect.

 06/01/21 17:00

Policyholder's Signature / Date & Time



Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel



























