

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 24/02/2021 17:16 (SGT)
Date of Accident 11/02/2021 13:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information 7 Nathan Rd Singapore 248728
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH2086T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RANGACHARI RAGHAVAN
NRIC No S2610257Z
Email Address NOEMAIL@AIG.COM
Mobile Phone No (Phone) +65-81809652
Alternative Phone No +65-68369815

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc200
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 1900003999-02
Cover Note Number -

DRIVER

Name of Driver RANGACHARI RAGHAVAN
NRIC No S2610257Z
Date Of Birth 30/04/1956
Occupation Indoor

Date Of Driving Pass	23/10/1990
Driving experience	30 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81809652
Alt. Phone Number	+65-68369815
Email Address	NOEMAIL@AIG.COM
Address	7 NATHAN ROAD
Address complement	#02-04 SINGAPORE
Postcode	248728
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)	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

SHC 8768E was parked in from of SMH 2086T at the junction with both vehicles intending to turn left on to Napier Road. I in SMH 2086 T reached down to the floorboard to pick up a dropped item resulting in the parking brake being accidentally dislodged and my vehicle creeping forward and touching the car fender of SHC 8768E. It was a very light touch and given what I thought was a minor incident I did not bother to record images. Visual inspection of my vehicle post the event did not not reveal any dents or scratches

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8768E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-93893594
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

