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.

- 4. The issue and acceptance 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 28/06/2021 11:43 (SGT) Date of Accident 26/06/2021 10:45 (SGT) Exact Location of Accident Singapore Additional Location Information Stadium Drive just after the Car Park C entrance Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI K7924M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RANGANATHAN SOMANATHAN NRIC No. S7267859A

Email Address NOEMAIL@AIG.COM Mobile Phone No (Phone) +65-81132780

Alternative Phone No +65-66481830

VEHICLE PARTICULARS

Manufacturer Nissan Model X-trail 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 Transmission Auto

CC 1998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy Nο

Policy Number 7210020055

Cover Note Number

DRIVER

Name of Driver RANGANATHAN SOMANATHAN NRIC No. S7267859A

Accident report SA01216S000F

Date Of Birth 21/07/1972 Occupation Indoor Date Of Driving Pass 29/11/2014 Driving experience 6 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-81132780 Alt. Phone Number +65-66481830 Email Address NOEMAIL@AIG.COM Address 130 TANJONG RHU ROAD Address complement PEBBLE BAY #10-10 SINGAPORE Postcode 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 Raining Road Surface Wet 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Uma Somasundaram-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 R2000007618 Circumstances Of Accident SLE7511C a Mazda 5 car stopped at the junction of a straight road leading into a roundabout. SLK7924M a Nissan X Trail driven by me (Ranganathan Somanathan) couldn't stop in time and collided into SLE7511C. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident VIDEO NOT PROVIDED Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE7511C
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92350258
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_









