

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 11/05/2022 15:04 (SGT)
Date of Accident 09/05/2022 12:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information Tanjong Rhu Road just after crosswalk
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW7621Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner STEPHENS THOMAS GEOFFREY
NRIC No G5189271U
Email Address tgstevo@gmail.com
Mobile Phone No (Phone) +65-81828135
Alternative Phone No +65-81828135

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
Variant Qashqai 1.2 DIG-Turbo
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 1197

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800033825-04
Cover Note Number -

DRIVER

Name of Driver Catherine Eva Gallant
Passport No/FIN G5189295Q

Date Of Birth	26/11/1979
Occupation	Indoor
Date Of Driving Pass	10/06/1997
Driving experience	24 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82684346
Alt. Phone Number	-
Email Address	noemail@aig.com
Address	3 rhu cross 01-15
Address complement	-
Postcode	-
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 vehicle 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

R2000008743 Circumstances Of Accident The car in front of SMN115T did a sudden stop to turn right with no indication so SMN115T stopped abruptly

while I was checking if the crosswalk was clear in order to proceed forward and did not see the cars stop in enough time. Slammed on brakes but not in time.

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	SMN115T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-86844425
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



