

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 Actual 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 19/09/2022 17:19 (SGT)
Reported by Both
Date of Accident 15/09/2022 19:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information Holland Road. In the right turn lane for Pierce Road.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number S1915CD

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CASEY KENT MACE
Work Permit No M0047782J
Email Address NOEMAIL@aig.com
Mobile Phone No (Phone) +65-92484476
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mazda
Model Biante
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.
Policy Number / Cover Note Number 7220086496

DRIVER

Name of Driver CASEY KENT MACE
Work Permit No M0047782J
Date Of Birth 10/10/1977
Occupation Indoor

Date Of Driving Pass	18/08/2022
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92484476
Alt. Phone Number	-
Email Address	NOEMAIL@aig.com
Address	17 SWETTENHAM ROAD
Address complement	-
Postcode	248105
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 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

My vehicle and the S16E vehicle were stopped in the right lane at the right-turn traffic light on Holland Road. I was stopped. S16E was also at a complete stop. There was approximately two meters between our cars. My foot slipped off the brake pedal

and my car simply rolled into the back of S16E. The result was a very light contact/bump into the S16E car. The contact made very minor damage to the S16E car - some minor scuffs. The contact made no damage to my car. The driver of the S16E vehicle stepped out of his car

reported no injury

agreed the damage was minimal

and we exchanged numbers. We discussed handling repairs through private settlement. I have confirmed with the driver that he is amenable to handling this as a private settlement. If his insurance company contacts AIG to file a claim

please consult me first

as i may wish to handle privately.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number S16E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number (Phone) +65-90908522
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -



