

## 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 .....	04/04/2023 10:02 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	01/04/2023 08:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SOUTH BOUND SIGLAP LINK MERGING TO ECP (EAST BOUND)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGW8008Y
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Paradkar Manoj Suryakant
NRIC No .....	S2762565G
Email Address .....	mzpzea@gmail.com
Mobile Phone No .....	(Phone) +65-97811065
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	6
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? .....	Yes
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 .....	1800093144-03

#### DRIVER

Name of Driver .....	Paradkar Manoj Suryakant
NRIC No .....	S2762565G
Date Of Birth .....	05/05/1964

Occupation .....	Indoor
Date Of Driving Pass .....	06/08/2008
Driving experience .....	14 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97811065
Alt. Phone Number .....	-
Email Address .....	mzpzea@gmail.com
Address .....	5000E MARINE PARADE ROAD
Address complement .....	LAGUNA PARK #20-18 SINGAPORE
Postcode .....	449288
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

I was taking the turn of Siglap Link which merges to ECP and car ahead of me (SLM 7274U) reduced speed very rapidly at the bend causing contact between the 2 vessels. When driver Ms Goh disembarked I asked her of her well being she said she was fine and not hurt or injured in any way. We inspected each others cars exchanged contact details and I offered to get in touch with her later in the week to discuss how best to complete and resolve the expenses for the minor repairs suffered by mutual agreement. Thereafter she got back into her car immediately and drove off.

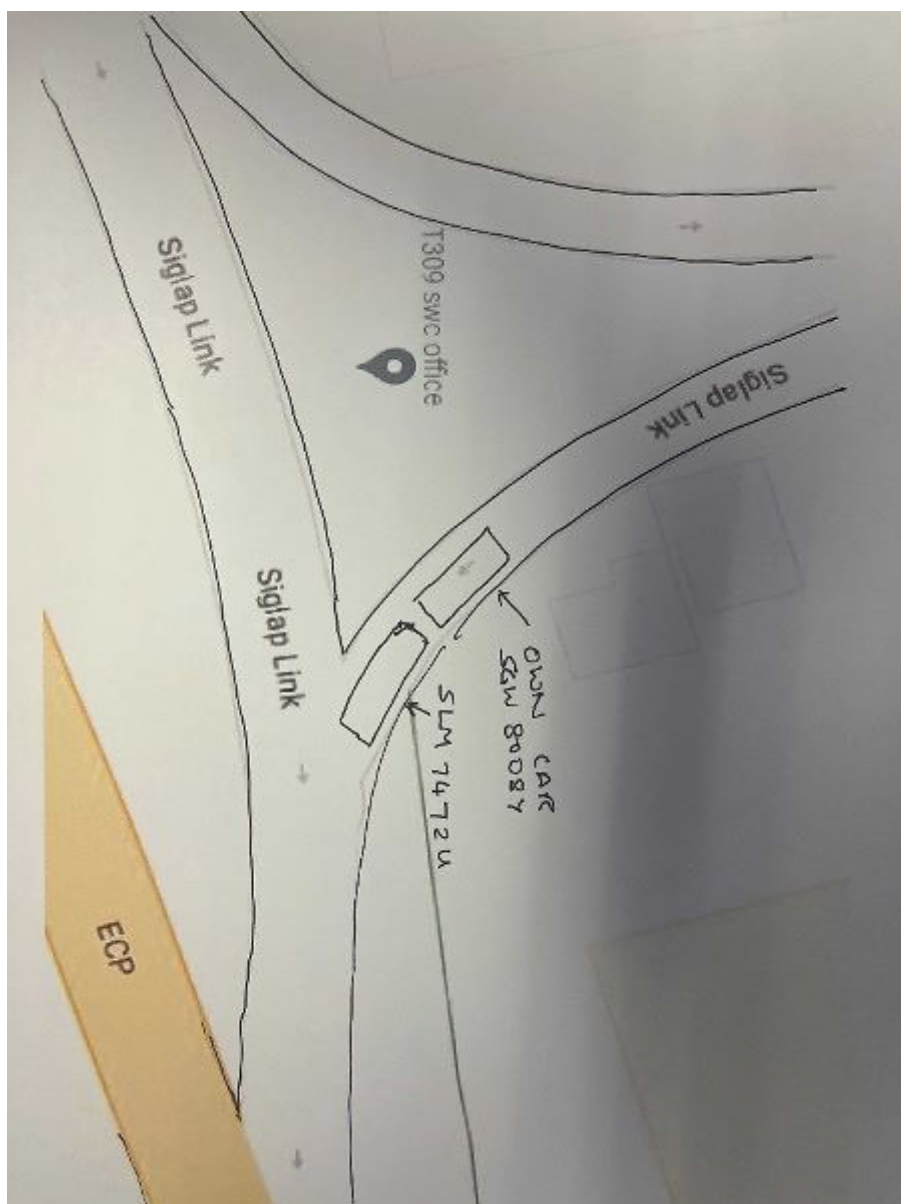
#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLM7274U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	GOH HEWW HIAN
Contact Number .....	(Phone) +65-96398840
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-













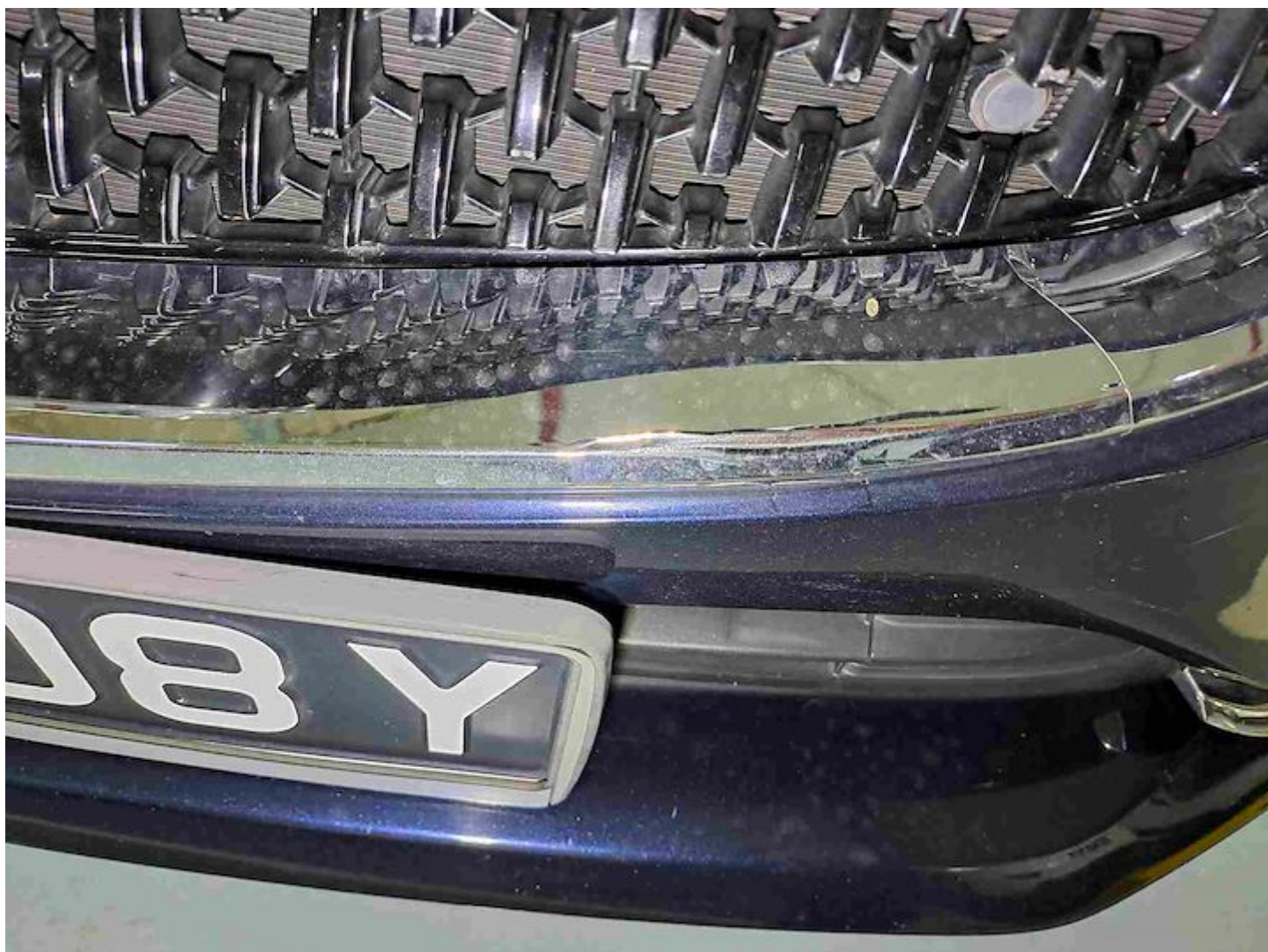


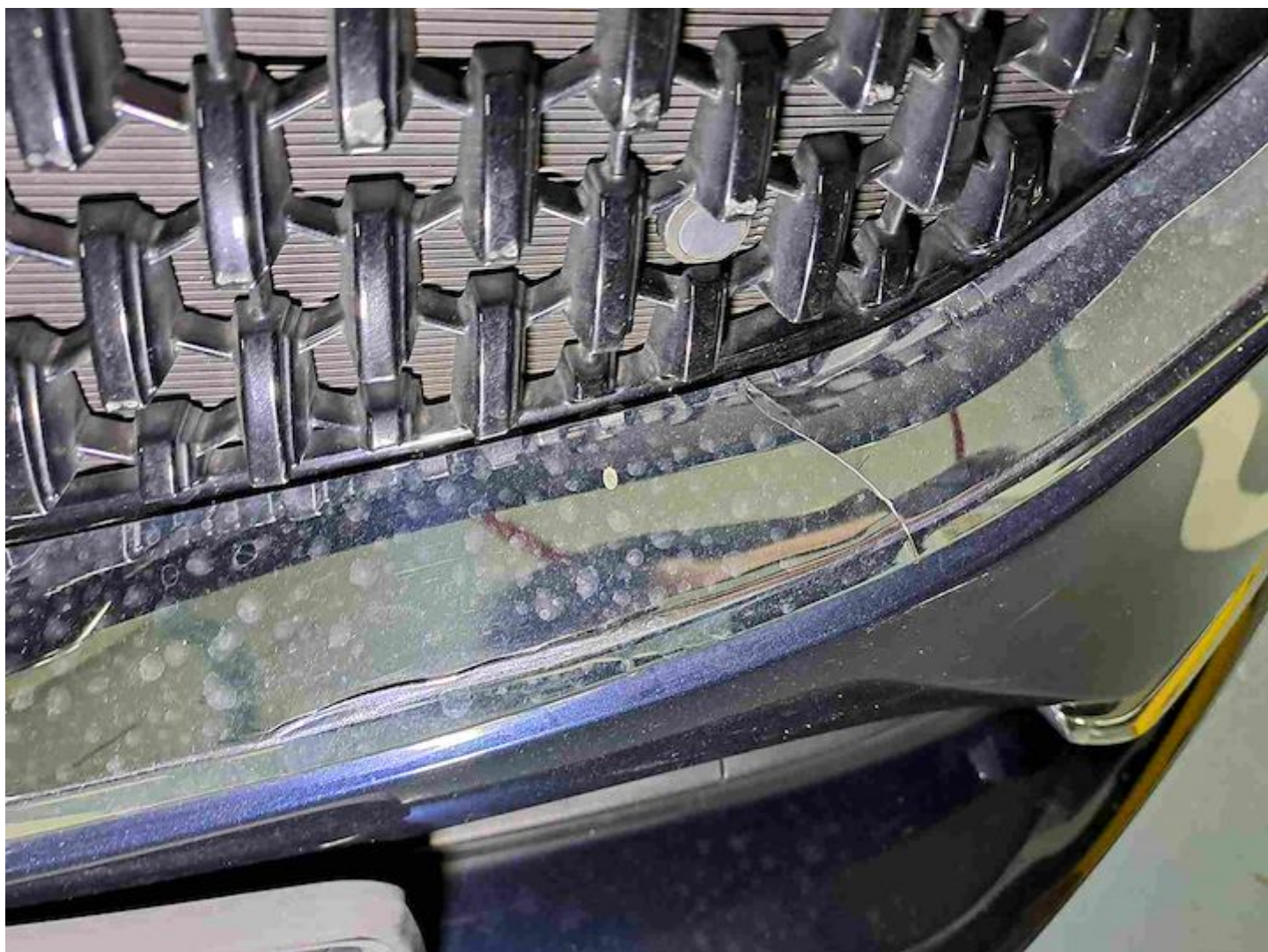




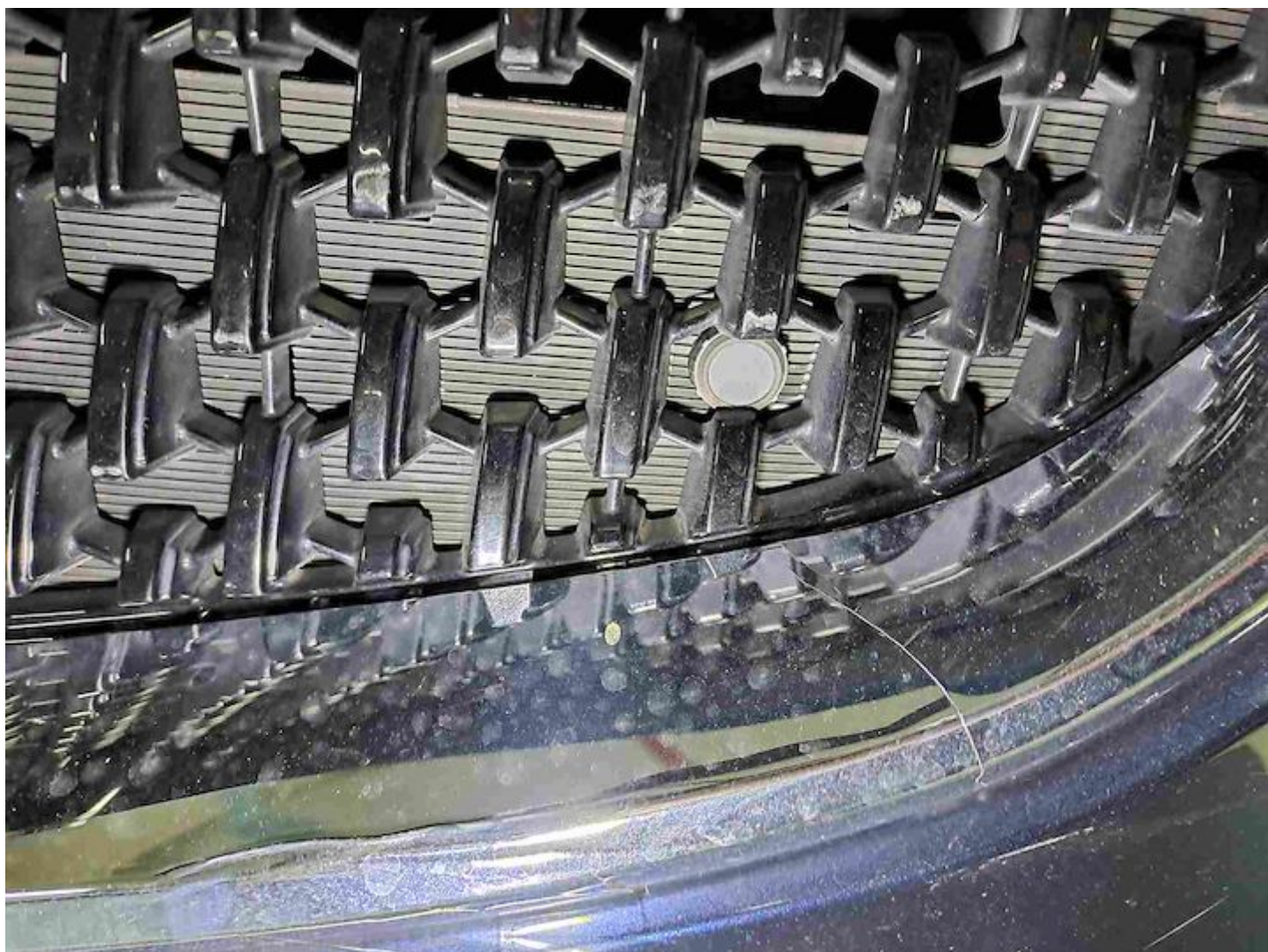


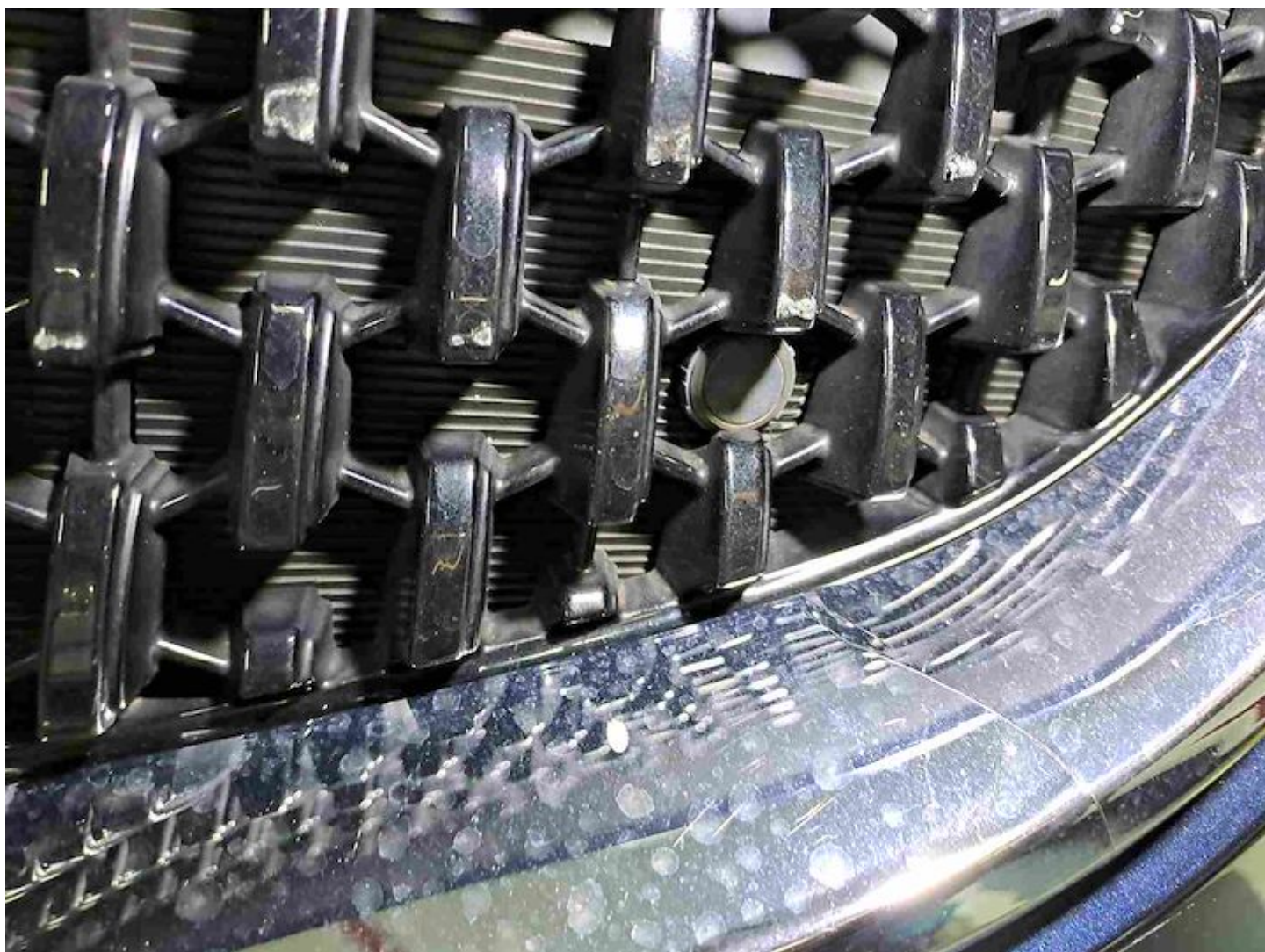
















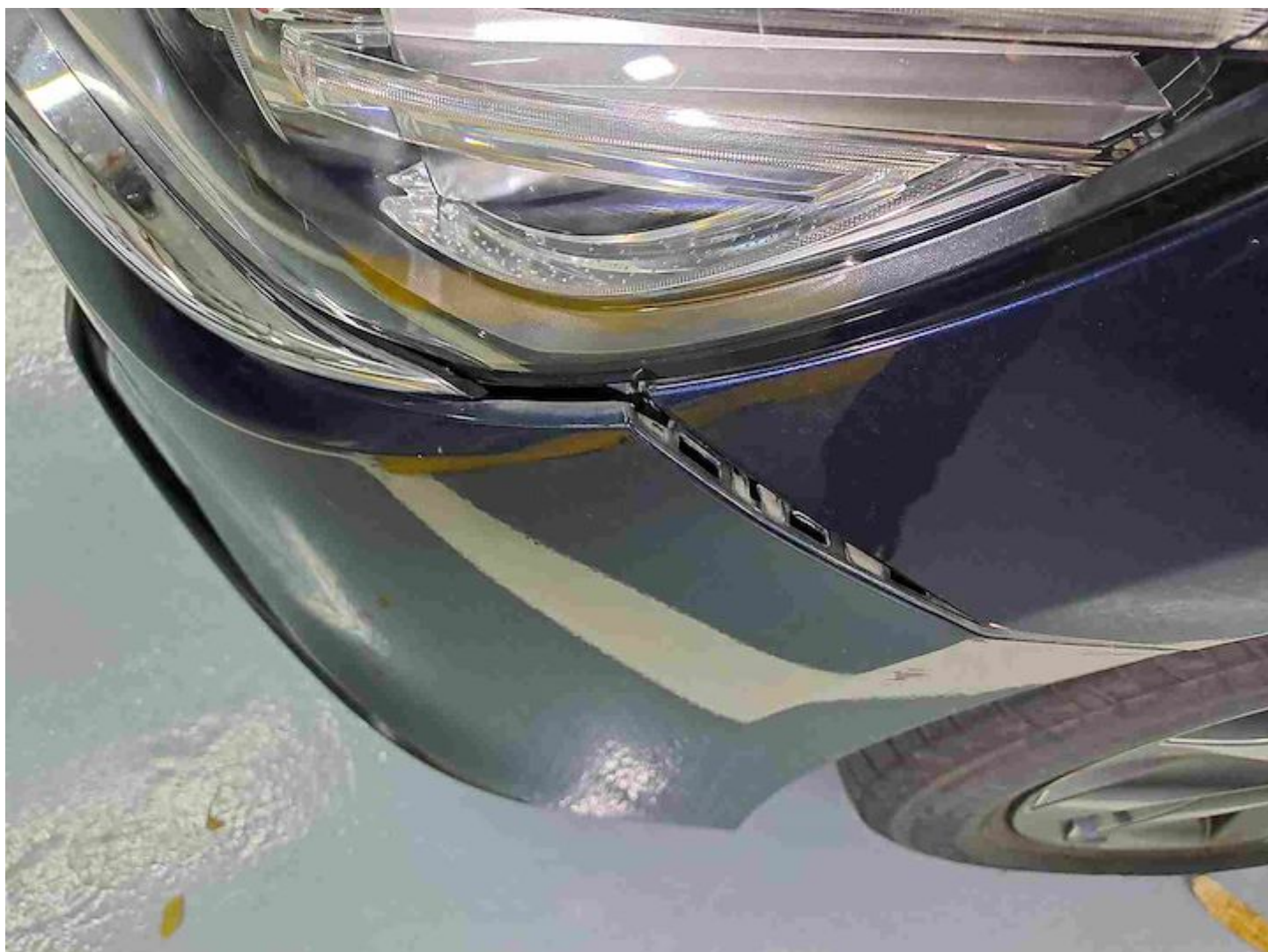


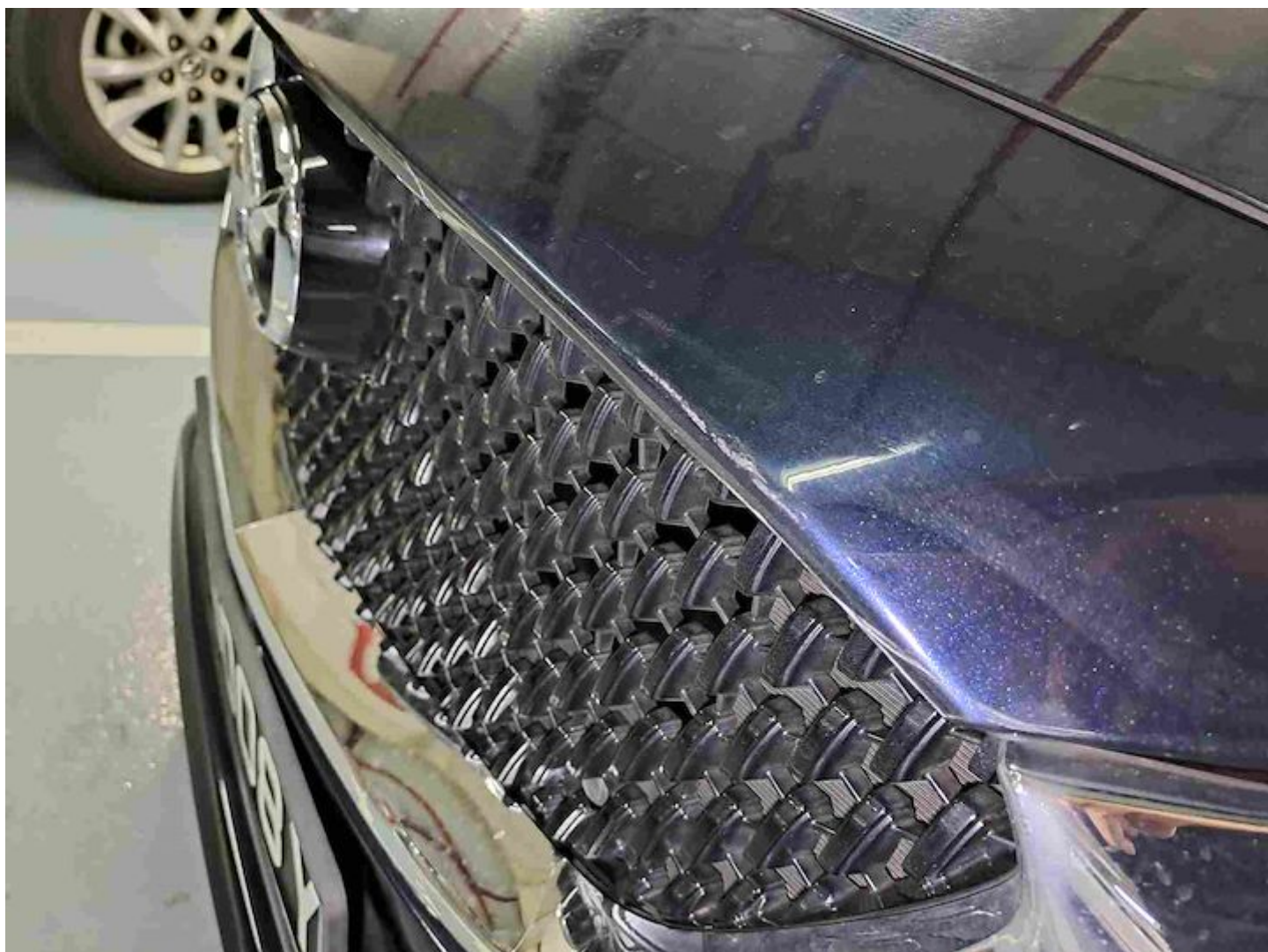












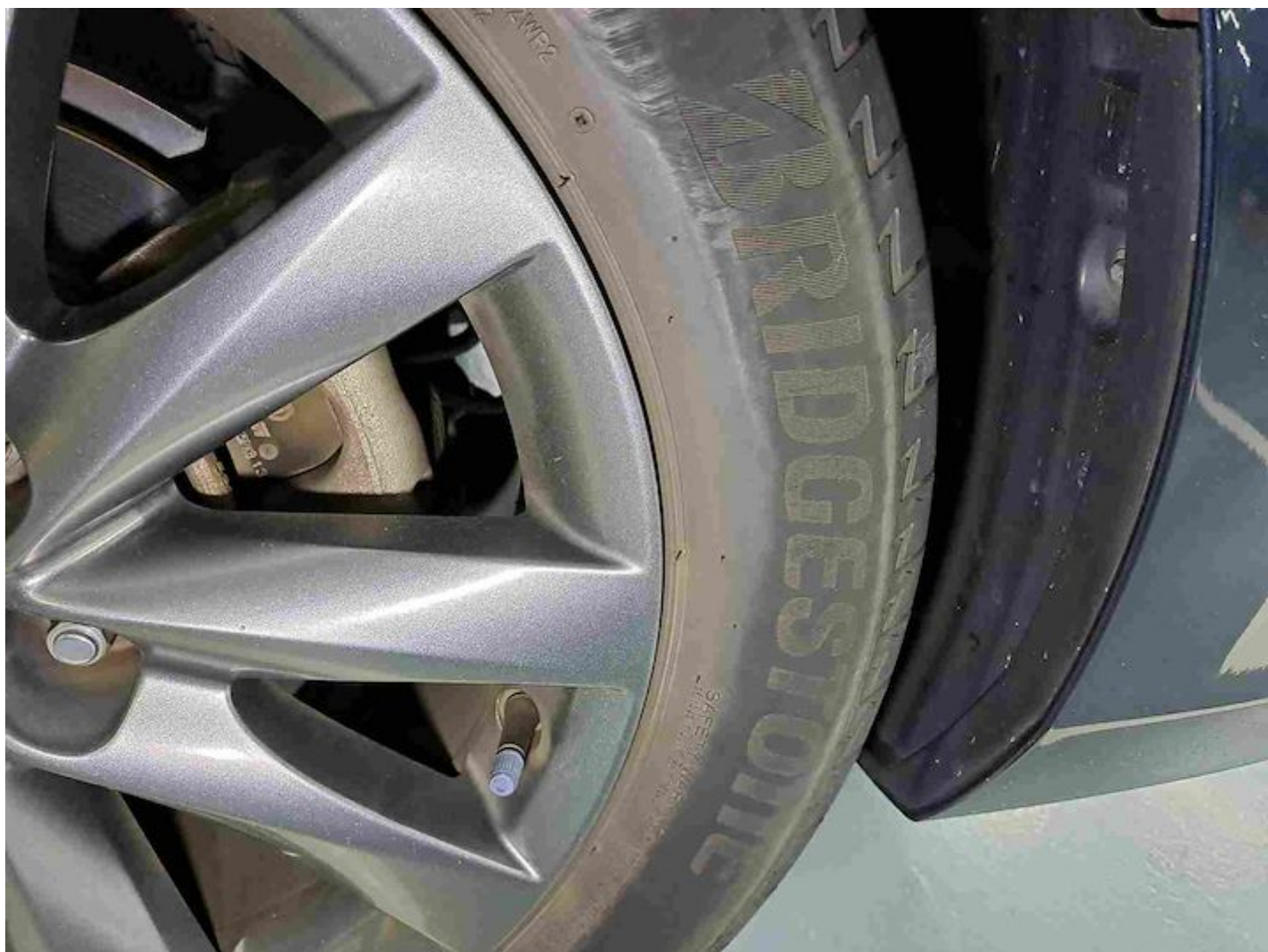
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM


**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No: SA0123440004 Vehicle Registration No: SGW8008Y  
 Name (as shown in NRIC): PARADKAR MANOJ SURYAKANT NRIC/FIN/Passport No: S2762565G  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: MARINE PARADE ROAD Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97811065  
 Email Address: \_\_\_\_\_  
 Date of Accident: 1-4-2023 Time of Accident: 8:30  
 Place of Accident: SOUTH BOUND SIGLAP LINK MERGING TO ECP (EAST BOUND)  
 Insurance Company: AIG ASIA PACIFIC INSURANCE PTE LTD

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Exact Location of Accident...	SOUTH BOUND SIGLAP LINK MERGING TO ECP (EAST BOUND)
Are you claiming under your own insurance policy...	Yes
Date of Driving Pass...	06 August 2008
Email Address...	<a href="mailto:mispze@gmail.com">mispze@gmail.com</a>
<b>DETAILS OF OTHER VEHICLE PROPERTY I</b>	
Name of Driver...	Goh Hwee Hian
Upload photos...	

  
 Policyholder / Actual Driver's Signature  
 Date:

  
 Reporting Centre Personnel's Signature  
 Name (As in NRIC/ID card):  
 Date: