

## 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 First Submission .....	28/08/2024 15:35 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/08/2024 20:12 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION AT PAYA LEBAR ROAD. (UNDER PIE FLYOVER)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SDB9330E
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	VICKRUM MUTHSAMYP
NRIC No .....	SXXXX550C
Email Address .....	Vickv06@gmail.com
Mobile Phone No .....	(Phone) +65-96908217
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A4
Variant .....	A4 SEDAN 2.0 TFSI 8W
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1984
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	1800080628-05

#### DRIVER

Name of Driver .....	VM VIKJHAAEY
NRIC No .....	TXXXX440G
Date Of Birth .....	09/03/2002
Occupation .....	Indoor
Driving Pass Date .....	22/10/2021
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	2 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96721465
Alt. Phone Number .....	-
Email Address .....	vikjhaaey@gmail.com
Address .....	24 MUGLISTON
Address complement .....	-
Postcode .....	437728
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	VM VIDTHIYA
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

ON 27 AUGUST 2024, IN OR AROUND 2012 HRS, I WAS DRIVING DOWN PAYA LEBAR ROAD TOWARDS THE JUNCTION. MY SISTER, VM VIDTHIYA, WAS A PASSENGER. AT ALL TIMES, I WAS TRAVELLING BEHIND SNL 2360 T. I WAS DRIVING STRAIGHT TOWARDS THE JUNCTION WHEN THE LIGHTS TURNED AMBER. SNL 2360 T HAD CROSSED THE WHITE LINE, INTO THE JUNCTION BOX AND JAM BRAKED SUDDENLY. I HAD TO SWERVE MY CAR TO THE RIGHT, AVOIDING COLLISION WITH SNL 2360 T. BOTH CARS REMAINED STATIONARY AFTER COMING TO A HALT. THEREAFTER, SNL 2360 T REVERSED BACK INTO MY CAR, EVEN THOUGH I HAD HONKED. THE DRIVER OF SNL 2360 T HAD ONLY STOPPED WHEN MY SISTER WOUND DOWN THE WINDOW AND YELLED AT THE DRIVER TO STOP.

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SNL2360T  
Vehicle Manufacturer ..... Nissan  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... ONG ENG ANN  
NRIC No ..... SXXXX494F  
Contact Number ..... (Phone) +65-93832808  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... VM Vidthiya  
Gender ..... -  
Phone No ..... (Phone) +65-92385627  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SDB9330E  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

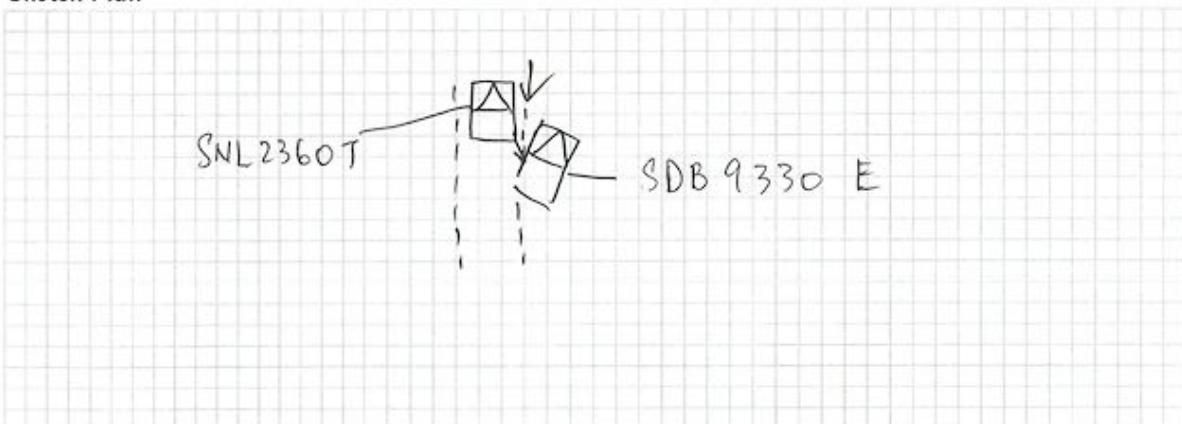
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that :  
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Declaration

Policyholder's Signature / Date &  
Time

28 AUG 2024 1416 HRS













































































**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S665500206 / GST Reg. No.: M400017735

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

### ADDENDUM

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

Original Report No : SP14248S0001 Vehicle Registration No: SDB9330E  
 Name(as shown in NRIC) : VICKRUM MUTHSAMY P NRIC/FIN/Passport No : SXXXX550C  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 24 MUGLISTON Singapore(437728 )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 96721465  
 Email Address : vikjhaaevy@gmail.com  
 Date of Accident : 27/08/2024 Time of Accident : 20:12  
 Place of Accident : JUNCTION AT PAYA LEBAR ROAD. (UNDER PIE FLYOVER)  
 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:

TO AMEND DRIVERS NAME, AND DETAILS

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Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: Lim Kok Geng  
 NRIC/FIN No.: S69M  
 Date: 30/8/2024