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 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 this is form by instrained 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 28/10/2024 18:57 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 25/10/2024 22:00 (SGT) Exact Location of Accident Singapore Additional Location Information NEAR PASIR RIS MULTI STOREY CAR PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SND1510B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MOHANA KUMAR KIRUTHIKA NRIC No SXXXX003G Fmail Address kiru04@icloud.com Mobile Phone No (Phone) +65-83281236 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Q3 Variant Q3 1.4 TFSI S TRONIC 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1398 Vehicle Fuel First Regisration 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 7210148155-01

DRIVER

Name of Driver NRIC No	MOHANA KUMAR KIRUTHIKA SXXXX003G
Date Of Birth	04/08/1975
Occupation	Indoor
Driving Pass Date	21/05/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83281236
Alt. Phone Number	(FIIOHE) 103-03201230
Email Address	-
	kiru04@icloud.com
Address	BLK 75 PASIR RIS
Address complement	#10-30
Postcode	518207
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	
Tune of Assident	0.85
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	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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?	
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
ON 25TH OCTOBER I WENT TO THE NEAREST ELIAS MALL MULTI STOREY CARPARK AND I HAD PARKED FOR A WHILE. WHEN I LEFT THE CAR PARK AROUND 22:00HOURS, I TRIED TO COME DOWN FROM FLOOR 2 TO FLOOR ONE, MY CAR SCRATCHED ON THE LEFT SIODE TURNING DUE TO MISJUDGEMENT, I TRIED TO SAFELYTAKE THE CAR WITHOUT FURTHER DAMAGES AND DROVE BACK HOME TO 75, PASIR RIS GROVE, AND APPROACHED THE AUDI CENTER FOR REPAIR USING INSURANCE CLAIM.	
ATTACHMENT(S)	

Yes No

CACcident report SP1424AS0004

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

Policybolder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Tony Foon g

Sketch Plan

8.3

Describe Circumstances of the Accident
On 25th October I want to the nearest
Stias hall muiti dory carport and I'm
Darked for a while. When I left the
Car parl april 22:25 hours II tripal
to some down from 100 2 to slow pro
My car scratched on the 1811 slow
dumb a due to mica decement T tripol
to I saidy take the soul without durters
dan ares I amal deave back have to
75. JASIR RIS GROVE, and soproculed
the Audi center dor repair using
The succession
Carrie Carrier

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

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

Alle VVIIII

Witnessed by Reporting Centre Personnel Tony Foony





































