

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 16/07/2024 16:21 (SGT)
Reported by Actual Driver
Date of Accident 16/07/2024 09:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information BASEMENT CARPARK, COSTA RHEE, SINGAPORE 437434
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJB9768E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEN SUKANTI
NRIC No SXXXX303Z
Email Address sukanti.sen@gmail.com
Mobile Phone No (Phone) +65-91721605
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
Variant A3 SEDAN 1.4 TFSI
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1398

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2100441770-08

DRIVER

Name of Driver SEN KETKI
NRIC No SXXXX304H
Date Of Birth 16/10/1965

Driving Pass Date	04/12/2007
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91721605
Alt. Phone Number	-
Email Address	sukanti.sen@gmail.com
Address	5 RHU CROSS
Address complement	#11-11
Postcode	437434
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 - Major/Minor Rd
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)	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	AYAAN SEN
Gender	Male

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

- AT AROUND 9.15AM, I WAS EXITING THE T-JUNCTION PAST BLOCK 5 TO TAKE THE EXIT RAMP ON THE LEFT HAND SIDE.
- I SLOWED DOWN TO SEE IF THERE WAS ANY OBSTRUCTION ON THE LEFT HAND SIDE BEFORE EXIT RAMP AS PAINTING WORK WAS GOING ON IN BASEMENT.
- SUDDENLY A CAR CAME FROM THE RIGHT HAND SIDE & RAMMED MY CAR.
- THE VEHICLE WENT AHEAD & STOPPED.
- BOTH DRIVERS APPROACHED EACH OTHER & TOOK PICTURES OF EACH OTHER CARS.
- THE PASSENGER IN OTHER CARS, SAID HE HAD HIRED THE CAR.

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	SLP4023G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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)**

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

Refer to the video footage

Describe Circumstances of the Accident

- At around 9.15 am I was exiting the T-JUNCTION past Block 5 to take the exit Ramp on the left hand side.
- I slowed down to see if there was any obstruction on the left hand side before the exit ramp as painting work was going on in basement.
- Suddenly a car came from the right hand side I honked my car.
- The vehicle went ahead & stopped.
- Both drivers approached each other & took pictures of each others cars.
- The passenger in other car, said he had hired the car.

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 & Time

Witnessed by Reporting Centre Personnel

Lekhi S...

16/4/24 3 p.m.



Tony Roddy