# **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.

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   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 06/08/2024 09:22 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 05/08/2024 08:26 (SGT) Exact Location of Accident Singapore Additional Location Information KIM KENT LINK SLIP ROAD TOWARDS PIE CHANGI AIRPORT Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SLG5263X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner VENKATASAMY SRINIVA SAN NRIC No S2712576Z Email Address vsree2@yahoo.com.sg Mobile Phone No (Phone) +65-92370808 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Wish 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 1800 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 2100484867-06

DRIVER

Name of Driver	VENKATASAMY SRINIVA SAN
NRIC No	S2712576Z
Date Of Birth	19/07/1967
Occupation	Indoor
Driving Pass Date	15/12/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92370808
Alt. Phone Number	-
Email Address	vsree2@yahoo.com.sg
Address	BLK 250KIM KEAT LINK
Address complement	#10-93
Postcode	310250
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 - 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?	- V
Number of Passengers (Including Driver)	Yes 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	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO IS WITH OWNER
DETAILS OF OTHER	VEHICLE PROPERTY 1

SMA7633L

Vehicle Registration Number

Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOW
NRIC No	S7010388E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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:

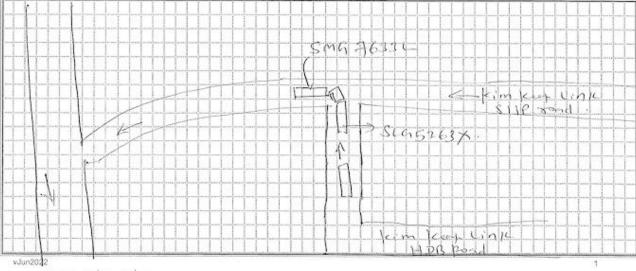
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

#### Sketch Plan



PIE Chang, Airport

Describe Circumstance of the Accident
I was driving from kinker Link HDB carpark
good and when I tried to enter the kim keap
Link siil road going to Chang PIE Chang; air Port
my can (SLG 5263x) Bruished the other can
SMG 7633L on the Left hand side bumper.
There was some minor Bouisher to in the Left
hand bumper of SMG7623L and miner Paint
can sig 5263x.
The Incident happened on 05 Aug 2024 at 08:26 Am

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

# MIC ASSAURCH ROTHS BRANCH PERSON.

# MOTOR ACCIDENT INTERVIEW FORM

	Venkaya samy Srinivasan
VEHICLE NUMBER	SLG 5263 X
DATE/FULL OF ACCIDENT	: OGIOP12024 8.21Am.
PLACE OF ACCIDENT	: Kim Kear Link Slif Paul pwands BE
THIRD PARTY VEHICLE (IF ANY)	
Chichenarpassonasseonaus.seconaus	nersacount coonsideración parent es procesacos con consecutados en l
스타일을 하는 사람들이 되는 사람들이 없는 경험에 있는 경험에 가장 하는 것이 없는 것이다.	Ccler-310250) and goins to my
ACCIDENT? IF YES, DID THE TRAI OF YOUR IF YES, WHAT IS THE RES NO, I didn't dink	C BRINGS SCHURL VOU DRIVE ON THE DAY OF THE TYPE POTTS SCONDUCT ANY BREATHE-ANALYSEE TEST UNDER
	The bumber of the con and minor
clamaser to the paint	Surface.
WERE YOU OR YOUR PASSENGER/ TAKEN TO THE TRAFFIC POLICE F	C TESTED LIVE IN THE PROPERTY AND ADDRESS OF THE PROPERTY

### UNDERTAKING

Wen Hatasamy Sin War (NRIC No. S2A12 5762), am the owner of motor car Reg. No SLO 52637 and the policyholder of policy no. 2100484867-06

We acknowledge that the latterer, AIS Asia Paulic Insurance Pto. In the not Bank moder the content of incurance if there is (a) = beauth of reflect remained conditions and/or (b) computer the categoric state of the content of the categoric state of the

- there is a breach of policy terms and conditions; and/or
- Cover under the craftly is excluded one to the operation of an exclusions) under the policy terms and conditions;

of insurance and we further jointly and severally undertake to should be insurance and we further jointly and severally undertake to re-pay any and all stone processing my laterer, pursuant to the contract of insurance upon my four receipt of a written demand from the insurance.

Signature	V.C
Name of Policyholder	Venkoyasamy Svinivasan
NRIC No.	527125762
Date	06/08/2024
Signature	. V.C.
Name of Driver	Venkatasamy Sningasa
NRIC No.	S27125762
Date	06/08/2024



Name of Policyholder : Venkatasamy Srinivasan : 03 Oct 2023 To 02 Oct 2024

Vehicle No.

: SLG5263X

Period of Insurance

Policy No.

: 2100484867-06

Engine/Motor No. : 2ZR1836610

Endorsement No. Issued Date

: 12 Sep 2023 18:28

Chassis No.

Make/Model

: JTDGG20W60J005286

ABOUT THE COVER

: TOYOTA NEW WISH

Engine Capacity/Tonnage : 1,798.00 CC

Sum Insured : Market Value

First Year of Registration : 2016 Insuring with COE/PARF : Yes

CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY.

Driver Restriction : NA Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder b) Any other person who is driving on the Policyholder's enter or with higher permission. This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$\$\$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") If You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 yours' driving experience.

Off Peak Car : No

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use\* ;

Use only for social, dozestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving testion, driving test, racing, pace-making, reliability trial or specifiesting, the carriage of goods other than samples in connection with Motor Trade.

\* Umitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1969, Section 95 of the Road Transport Act, 1987 (Mulaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### EXCESS

Section 1 Fire - S0 Own Damage - S600 Thaft - S0 Flood Cover - S600

Section 2 Property Damage - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

Venkatasamy Srinivasan - \$600 (Own Damago), \$600 (Flood Cover)

# APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Repailing Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Repairing Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency horize at \*65 6338 6200. Alternatively, You may refer to AIG website www.eig.sg or AIG SG Motale App. Simply search and download \*AIG SG\* from Apple App Store or Google Play Store.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

(We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Perty Risks and Compensation) Act 1960, Part IV of the Road Transport Act. 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1939 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Han Keong Funi

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