

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 Authorised 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 ability.
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 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 Report	02/12/2017 12:59
Date Of Accident	01/12/2017 20:00
Exact Location Of Accident	OUTSIDE 2 FOLKESTONE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB3988P
Insured/Policyholder	
Name Of Registered Owner	ASHISH JAIPRAKASH SHASTRY
NRIC No	S7581936F
Email Address	AXHASTRY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98386676
Alternative Phone No	OTHERS-98386676

Vehicle Particulars

Manufacturer	AUDI
Model	A8L D4 3.2 TFSI QU
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
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100251804-06000
Cover Note Number	-

Driver

Name of Driver	INDRA SHAFUL BIN AMAN
NRIC No	S7834435J
Date Of Birth	23/11/1978
Occupation	INDOOR
Date Of Driving Pass	22/03/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	FYNAFINFIA@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident FIRE, EXPLOSION OR LIGHTNING

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ACCIDENT STATEMENT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

Sketch Plan


SKETCH PLAN


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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

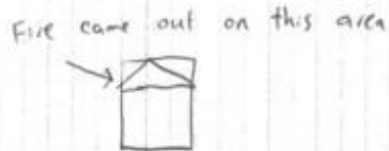

Policyholder's Signature
Date & Time: DEC 2, 2017


Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/12/17


Reporting Centre Personnel's Signature
Name: Tony Foong
NRIC/FIN No.: 652040147X

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


VEHICLE WAS DRIVEN FROM CLARKE Gully HEADING TOWARDS
2 TOLKSTONE ROAD. VEHICLE WAS PARK AT THE ARRIVED DESTINATION
FOR ABOUT 15-MINUTES. WITH THE ENGINE OFF. I WAS INSIDE THE
CAR WHEN I NOTICED SMOKE COMING OUT FROM THE FRONT BONNET.
I WENT OUT OF THE CAR AND A PASSERBY INFORMED ME THAT
THERE WAS SPARKS OF FIRE AT THE FRONT LHS OF THE TYRE.
I TOOK OUT THE NECESSARY ITEMS FROM THE CAR AS THE
FIRE BEGAN TO SPREAD.

DECLARATION

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

Policyholder's Signature _____
Date & Time _____

DEC 2, 2017
10:50 HRS


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

Date & Time: 2/12/17
1040 HRS



Reporting Centre Personnel's Signature

Name: Tony Fong
NRIC/FIN No.: G20401671

INTERVIEW FORM



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : A INDEA SHAIFUL ANAN.
VEHICLE NUMBER : SKB 3988 P
DATE/ TIME OF ACCIDENT : 01/12/17 / 2000HRS
PLACE OF ACCIDENT : OUTSIDE 2 FOLKSTONE ROAD
THIRD PARTY VEHICLE (IF ANY) :

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

JOURNEY START FROM CLARE GUSH HEADING TOWARDS 2 FOLKSTONE ROAD.
VEHICLE WAS BACK AT THE ARRIVED DESTINATION FOR ABOUT 15-20 MINS. ENGINE
WAS OFF WHEN SMOKE STARTED TO COME OUT FROM THE FRONT BOWLIGHT AND EVENTUALLY
SPARKS OF FIRE WAS FOUND AT THE FRONT LHS OF THE TIRE.
DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC
POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

- NO -

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

- Fire case

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
FOR INVESTIGATION?

- NO -


NAME: INDEA SHAIFUL

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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