

## 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	21/09/2017 16:10
Date Of Accident	20/09/2017 07:45
Exact Location Of Accident	SERANGOON AVE 2 OUTSIDE ENTRANCE TO CARPARK SE15
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH8507E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GEEVA S/O GOPAL KRISHNAN
NRIC No	S9140618G
Email Address	GEEVAGK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98370430
Alternative Phone No	Home-62865214

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 TSI (A)
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	2100427991-02000
Cover Note Number	

### Driver

Name of Driver	GEEVA S/O GOPAL KRISHNAN
NRIC No	S9140618G
Date Of Birth	02/11/1991
Occupation	INDOOR
Date Of Driving Pass	26/03/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98370430
Fax Number	
Contact Number	HOME-62865214
Email Address	GEEVAGK@GMAIL.COM
Address	BLK 242 SERANGOON AVE 3 #02-198

Postcode	550242
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

#### 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?	YES
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

ON 20 SEP 17, AT ABOUT 0745 HRS I WAS DRIVING ALONG SERANGOON AVE 2 AND WAS MAKING MY WAY HOME. JUST OUTSIDE THE ENTRANCE OF CARPARK SE 15, I COLLIDED WITH A LORRY ( YP 6677 C ) AT ITS REAR. I ALIGHTED FROM MY CAR TO INSPECT THE NATURE OF DAMAGE, AND FOUND THAT MY CAR BONNET WAS DENTED AND FRONT BUMPER SCRATCHED. THE LORRY SUSTAINED A DAMAGE TO THE REAR PROTECTION BAR FOUND UNDER THE LORRY, AND WAS DENTED. THIS IS ALL I HAVE TO SAY.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6677C
Vehicle Make/Model/Colour	HINO XZ710R
Details Of Properties	
Name of Driver	MAHALINGAM ARIVAZHAGAN
NRIC/Passport Number	o32338224
Contact Number	84203576
Address	11 WOODLANDS CLOSE #06-35
Postcode	737853
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	REAR PROTECTION BAR DENTED
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan

### SKETCH PLAN


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7. By the lodgment 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.
- (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.

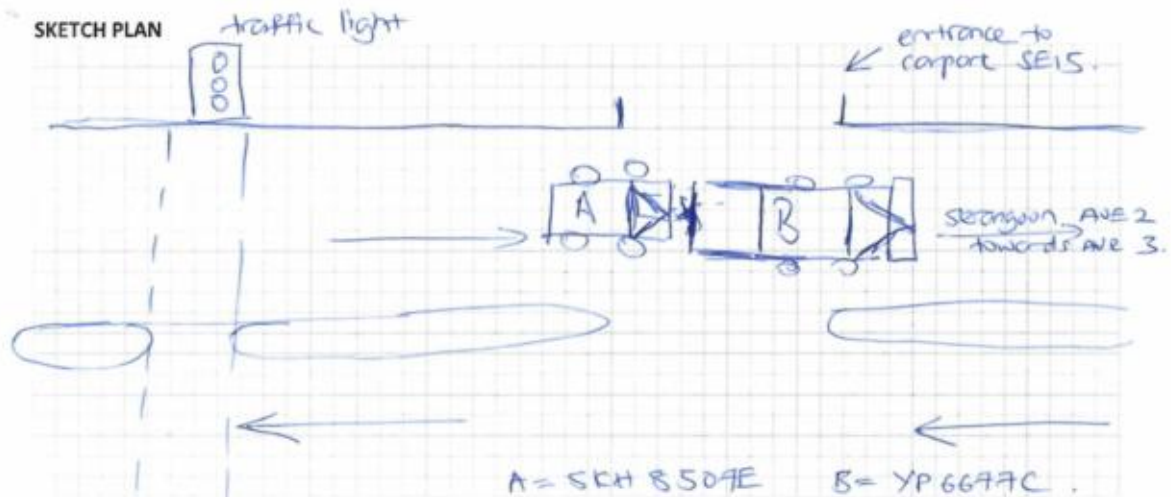
  
Policyholder's Signature  
Date & Time: 21 Sep 17  
1445 hrs

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

  
Reporting Centre Personnel's Signature  
Name: Chang Chae Sing  
NRIC/FIN No.: G2248170



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20 Sep 17, at about 0745 hrs I was driving along Serangoon Ave 2 and was making my way home. Just outside the entrance of carport SE15, I collided with a lorry (YP6677C) at its rear. I alighted from my car to inspect the nature of damage, and found that my car bonnet was dented and front bumper scratched. The lorry sustained a damage to the rear protection bar found under the lorry, and was dented. This is all I have to say.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 21 Sep 17  
1445hrs

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

Reporting Centre Personnel's Signature  
Name: Chang Ooi Sing  
NRIC/FIN No.: G22481700

Accident Photo





Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo





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