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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 policyliability 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

| ACC | CIDENT STATEMENT |
|------------------------------------------------------------------------------|----------------------------------|
| | SIDENT STATEMENT |
| Date Of Report 02/0 | 02/2018 10:47 |
| Date Of Accident 01/0 | 02/2018 11:00 |
| Exact Location Of Accident EXI | T 7C CTE |
| Country/State of Loss SIN | GAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number SKV | W9699Z |
| Insured/Policyholder | |
| Name Of Registered Owner CHI | IVUKULA BHARADWAJ |
| NRIC No S76 | 687683E |
| Email Address CVE | BHARADWAJ@GMAIL.COM |
| Mobile Phone No (LO | OCAL) +65-82989032 |
| Alternative Phone No Oth | ers-82989032 |
| Vehicle Particulars | |
| Manufacturer AUE | Ol |
| Model A8L | - |
| Exact Purpose for which vehicle was being used at time of accident PRI | IVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | |
| If No, Please state action to be taken REF | PORTING ONLY |
| Vehicle Category PRI | IVATE CAR |
| Insurance Company | |
| Name of Insurance Company AIG | ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage CO | MPREHENSIVE |
| Fleet Policy NO | |
| Policy Number 210 | 0434738 |
| Cover Note Number | |

Driver

Name of Driver CHIVUKULA BHARADWAJ

NRIC No S7687683E

Date Of Birth 24/09/1976

Occupation INDOOR

Date Of Driving Pass 08/11/2008

Driving Experience 9 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82989032

Fax Number

Contact Number OTHERS-82989032

EMail Address CVBHARADWAJ@GMAIL.COM

Address 3 RHU CROSS #03-03 437433

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

-

OWNER

Insurance Company of Driver's Own Vehicle

-

NO

NO

NO

NO

1

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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 SJE9602J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LIM CHAIN CHUEN

NRIC/Passport Number F1480651L Contact Number 86086539

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 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
- 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 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:

- 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
- (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.

Pélicyholdek's Si

Driver's Signature

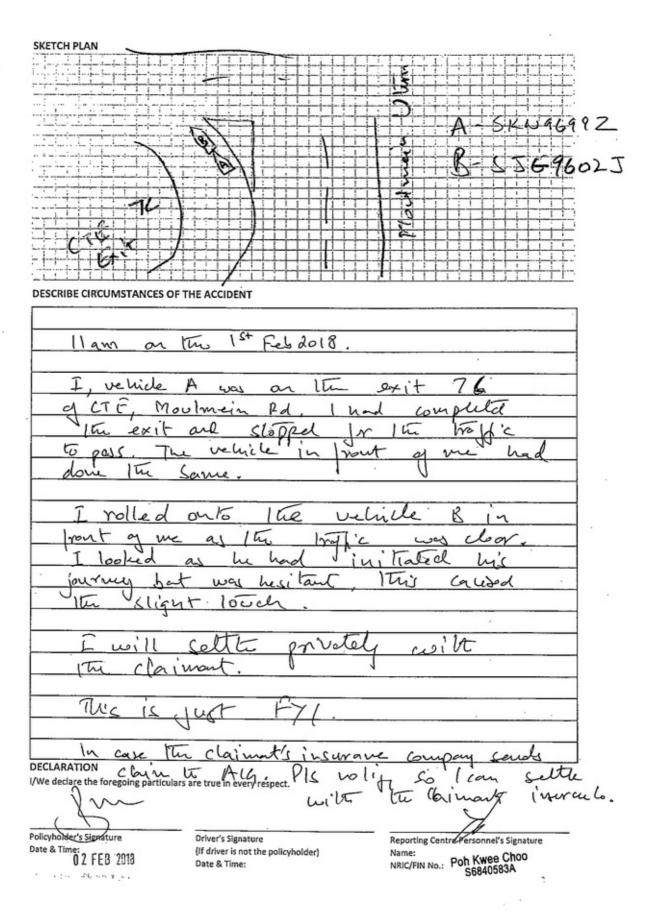
(If driver is not the policyholder)

Reporting Central ersonnel's Signature

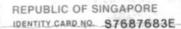
Poh Kwee Choo Name:

NRIC/FIN No.:

S6840583A











CHIVUKULA BHARADWAJ

Race
INDIAN
Date of birth
24-09-1976
M
Country of birth
INDIA

876876835

Class 2B Motorcycles < 200 cc Of the driver; and other motor vehicles < 2500kg 06 Nov 2008

Nationality
INDIAN
Date of Insole
01-04-2009

3 RHU CROSS #03-03
SINGAPORE 437433
NRIC No. \$7687683E

Date: 02/03/2015

NP 428A

Accident Photo





Accident Photo



CHASSIS NUMBER

