

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 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	05/02/2018 17:45
Date Of Accident	05/02/2018 09:55
Exact Location Of Accident	PIE (BETWEEN BEDOK & EUNOS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS147T
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Insured/Policyholder

Name Of Registered Owner	VIJAY AVAND BALASUBRAMANIAN
Work Permit No	S7474078B
Email Address	VAMILLON@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96829496
Alternative Phone No	Home-66047615

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO-2.2 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMUTATION
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	1700040817
Cover Note Number	

Driver

Name of Driver	VIJAY AVAND BALASUBRAMANIAN
Work Permit No	S7474078B
Date Of Birth	29/03/1974
Occupation	INDOOR
Date Of Driving Pass	09/07/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96829496
Fax Number	
Contact Number	HOME-66047615
EMail Address	VAMILLON@YAHOO.COM

Address	760 BEDOK RESERVOIR ROAD #03-02
Postcode	479245
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

REFER TO ATTACHMENT

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	SHF610M
Vehicle Make/Model/Colour	RENAULT TAXI/RED
Details Of Properties	TRANSCAB TAXI
Vehicle Category	TAXI
Name of Driver	MR KOH
NRIC/Passport Number	
Contact Number	97523367
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	BACKSIDE BUMPER & BOOT DAMAGE
No. Of Passenger (Including Driver)	

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:
05/12/2018
2.23p

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



PIE close to Eunos

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicles moving smoothly along PIE around 9:45-9:50am and my vehicle was moving at constant speed with traffic. Very sudden stop along the stretch of vehicle in front and the Taxi in front stopped suddenly also. Taxi was a Transcab (SHF 610M), was driven by an old uncle, Mr. Koh.

The damage to my car is front occar, lower part of bumper, carplate and ventilator part of the bonnet. The damage to the taxi is back bumper and lower boot area.

The main reason of the accident is the stretch of cars stopped suddenly from a smooth moving traffic and the vehicle in front may have stopped even shorter and I missed to brake in advance, resulting in my car bumping into the back of the Taxi.

DECLARATION

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



Policyholder's Signature

Date & Time: 05/02/2018

2.23p

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

1) Number of Passengers in Vehicle A (Including driver)?

1

Passenger 1

Name : _____

Gender : M / F

Passenger 2

Name : _____

Gender : M / F

Passenger 3

Name : _____

Gender : M / F

Passenger 4

Name : _____

Gender : M / F

Passenger 5

Name : _____

Gender : M / F

Passenger 6

Name : _____

Gender : M / F

Passenger 7

Name : _____

Gender : M / F

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7474078B



VIJAY ARAND
SALASUBRAMANIAN
விஜய அரந்த சாலசுப்ரமணியன்
Name
INDIAN
Date of Birth
28-03-1974
Country of Birth
INDIA



FOR C&C USE ONLY



4928191



INDIAN S7474078B

INDIAN
Date of Birth
28-03-1974

FOR C&C USE ONLY

700 BEGIN ROSEBURY ROAD #03-10
SINGAPORE 478245
NRIC No: S7474078B Date: 09/02/12 No: 6423596

Driving License

