

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	22/02/2018 17:30
Date Of Accident	18/02/2018 14:30
Exact Location Of Accident	JUNCTION ANG MO KIO ST 22/ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7360H
Insured/Policyholder	
Name Of Registered Owner	VIKINESHVARAN S/O RANGASAMY
NRIC No	S8002835J
Email Address	SESBASTIAN21@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81277123
Alternative Phone No	OTHERS-81277123

Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	ROAD GLIDE SPECIAL
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100496534-01
Cover Note Number	

Driver

Name of Driver	VIKINESHVARAN S/O RANGASAMY
NRIC No	S8002835J
Date Of Birth	23/01/1980
Occupation	INDOOR
Date Of Driving Pass	05/10/2010
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81277123
Fax Number	
Contact Number	OTHERS-81277123
EMail Address	SESBASTIAN21@GMAIL.COM

Address	BLK 210 ANG MO KIU AVENUE 3 #02-1606
Postcode	560210
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	2
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)	2
Passenger 1	NAME: : NESAN GENDER: : MALE

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 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	SJF2252B
Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO KEE SOON
NRIC/Passport Number	
Contact Number	93894368
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


SKETCH PLAN

IMPORTANT NOTICE

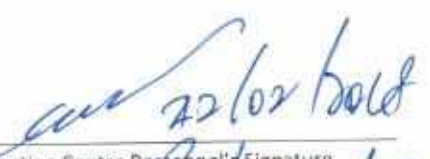
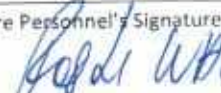
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

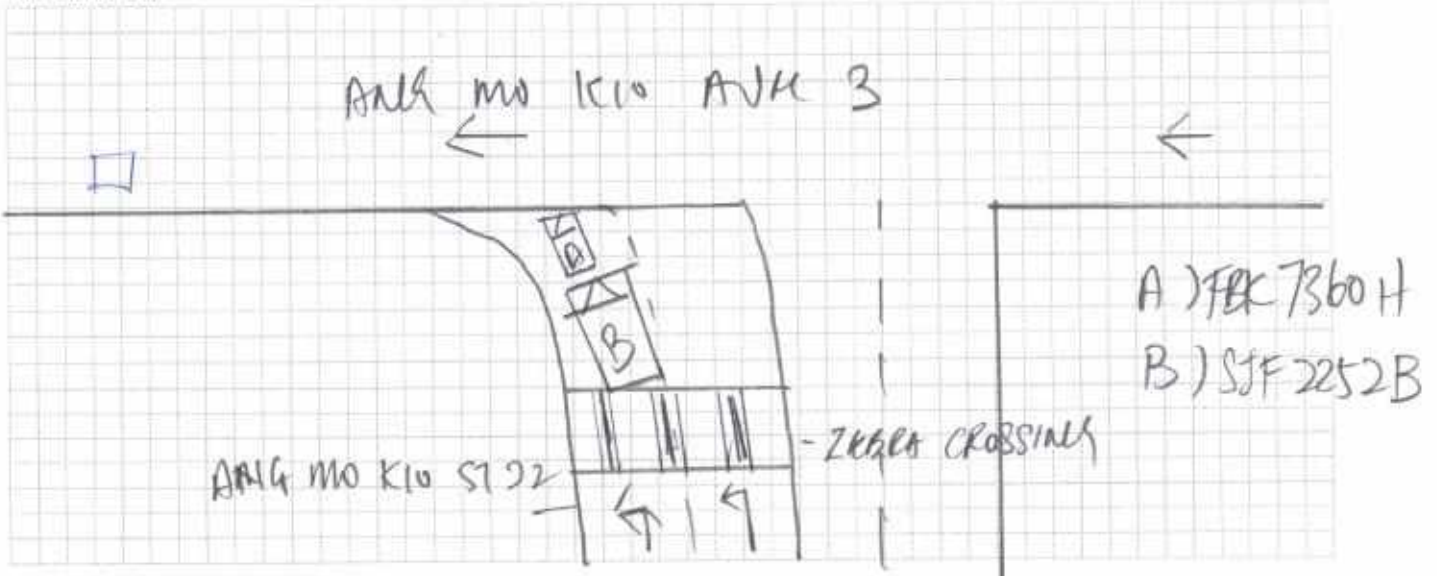
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 220218

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting to turn left at Ang Mo Kio ST 22 when a car (B) came and bang me from my Back

DECLARATION

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

[Signature]
22/2/18 1630
Policyholder's Signature
Date & Time:

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

[Signature] 22/02/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 18/02/2018 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: Ang Mo Kio Ave 3 street 22

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 7360H
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 2100496534-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Harley Davidson
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Vikineshvaran s/o Rangasamy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 80028355 CONTACT: 81277123
 c) ADDRESS: BK 64 Toa Payoh #05-332
Lor 5

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AP ABRAHAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 23/01/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS 05/02/10

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____
 6. WAS ANYBODY INJURED (YES/NO) NO
 7. a) REPORTED TO POLICE (YES/NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJF 2252 B MODEL: Toyota Harrier
 b) DRIVER'S NAME: NEO KEE SOON
 c) NRIC/FIN/PASSPORT: S9132252 CONTACT: 93894368

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: Sesbastian21@gmail.com

fax =

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8002835J



Name

VIKINESHVARAN S/O RANGASAMY



செர விக்கேனஸ்வரன்

Race

INDIAN

Date of birth

23-01-1980

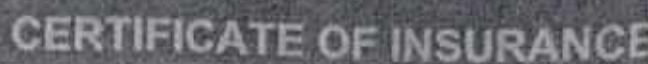
Sex

M

Country/Place of birth

SINGAPORE





MOTORCYCLE AUTORIDE MOTORCYCLE

Name of Policyholder	Vasundhara S/o Pankaj Samr
Period of Insurance	25 Jun 2018 To 04 Jun 2019
Engine No.	KTM100302
Chassis No.	SH41K13051003020

Vehicle No.	FLK7360H
Policy No.	2100498534-01
Endorsement No.	
Issued Date	06 Jan 2015

ABOUT THE COVER

Make/Model HARLEY-DAVIDSON Road King

Engine Capacity/Torque: 1,500 cc CC

Driver Restriction	Named Driver Only
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Sum of Squares
CH Peak Gas

First Year of Publication 2016
 Issuing with CODE/PART 2

Person or Classes of Persons Entitled to Drive

at the time of the study.

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EXCESS

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

IMPORTANT NOTES

File Purchase Company/Employer's Loan: BIKE PRODUCTION PTE LTD

094-0417-2004/02/00000000000000000000

Labels written by Art and the Ds. (the daughter of the Ds.)

AKS Asia-Pacific Insurance Pte. Ltd.
100, Market Street, Singapore 050017