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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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 policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- art at the centre and to copies of the report being made available

The state of the supplement of	ACCIDENT STATEMENT	
Date Of Report	22/02/2018 17:30	
	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	
	ETAILS 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	

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

Mobile Number

Fax Number

OTHERS-81277123 Contact Number

SESBASTIAN21@GMAIL.COM EMail Address

Address

BLK 210 ANG MO KIUO 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

NO

ambulance?

YES

Was any other material or property damaged? 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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 companies.
- 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:

- (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)
 - (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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel' Signature
Name:
NRIC/FIN No. ADD A LANGE

DECLARATION

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

22/2/18 1630

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: Lof al a At

ACCIDENT STATEMENT

1 10 100 000 0000	STANDER THE CONTRACTOR OF THE MAN
ACCIDENT DATE: 18/ 02/ 2018 (DD/MM	MANA) IIWE:(1 1. : 275 (LUCIUM)
LOCATION: Ang Mo Lio Ave 3	street 22 -
COCATION, 115 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
1. DETAILS OF VEHICLE	3 (8)
alvehicle NUMBER FBK 7360	H
DIVERNOLE MONOCKET TO	
BINSURANCE COMPANY! ALCT	534-61
DIPOLICY NUMBER: 2100496	PO PARTY / THIRD PARTY FIRE &THEFT
THE PROPERTY OF THE PROPERTY O	avidsar
CITYPE//SALOON / COUPE / MPV /V AN /	LOKKI KMOTOKO PECELO
g) VEHICLE CATEGORY: (PRIVATE / COM	MERCIAL KMOTORCYCLE
hipurpose of using at accident tim	(E)
I) ARE YOU CLAIMING UNDER YOUR OW	IN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLA	IM REPORTING ONLY)
FINO, PEEASE STATESUTARIO TAMES OF	MAN WELLENNING STATE
(1897 (D) 2. INSURED / POLICY HOLDER STORA	ngasamy [MALE)/ FEMALEL
BINRIC/FIN/PASSPORT: 80028355	CONTACT: DIETURE
CLADDRESS: BIK, 64 Toa Pa	yoh #05-332
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· CONTINUE TO 3.d IF DRIVER ALSO PO	LICY HOLDER
Maria A BRIVER	
SINIAME! IF HEST	
(Including driver) b) NRIC/FIN/PASSPORT!	CONTACT:
(2) GIADDRESS:	
	(DONWAYYYY) ; .
e JOCCUPATION: (INDOOR / OUTDOO	R)02010
IDATE OF DRIVING PIASS	INSURED'S COMPANY? (YES / NO)
4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY OWNER
IF NO, RELATIONSHIP OF THE DRIV	CK WITH THOUSEN
5. GIWEATHER CONDITION: (CLEARY RA	DC CITICAL
BIROAD SURFACE: DRY WET TOTHE	
6. WAS ANYBODY INJURED (YES /NO)	¥-
IF YES, PLEASE STATE WHICH POLICE	STATION:
1 8. THIRD PARTY VEHICLE	- de Harris
A VEHICLE NUMBER: STE 223	2.5
TO STATE OF STATE OF SECOND ST	OON 038942/8
C INVENTO VILLE VI	2CONTACT: 938 94366.
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(Including driver) 1) NRIC = N/PASSPORTI	CONTACTION
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8002835J



VIKINESHVARAN S/O RANGASAMY

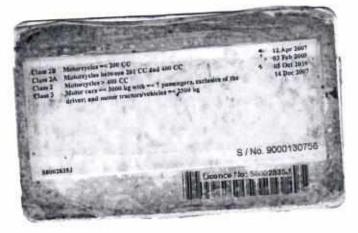
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INDIAN

23-01-1980 SINGAPORE









CERTIFICATE OF INSURANCE

MOTORCYCLE AUTORIDE MOTORCYCLE

Name of Policyholder

Period of Insurance Engine No. Changis No.

Vicinoshearun sie Rangasamy 1 -75 ma 2018 To 64 364 2019

KTMF INTO BE

SHOUR TWO SPINESSONS

Vehicle No. Policy No.

Entlersement No. Innued Date

1 FEB 7300H 2,100496534(0)

OC 197 2015

ABOUT THE COVER

Make/Model ...

HARLEY FLYRX RISID CLES

Engine Capacity/Yorkage 1 450 op do

Driver Rostriction Named Driver Busine

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IMPORTANT NOTES

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