

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	31/03/2015 17:02
Date Of Accident	30/03/2015 10:40
Exact Location Of Accident	MARINE TERRANCE CAR PARK HDB
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE2626J
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Insured/Policyholder

Name Of Registered Owner	KARTHIGASU SUPPIAH NARENDRA
NRIC No	S1809182H
Email Address	NANDARYT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98632604
Alternative Phone No	Others-98632604

Vehicle Particulars

Manufacturer	AUDI
Model	Q7-3.0 (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?	No
If No, Please state action to be taken	Third Party
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	2100356753-01000
Cover Note Number	

Driver

Name of Driver	KARTHIGASU SUPPIAH NARENDRA
NRIC No	S1809182H
Date Of Birth	26/04/1967
Occupation	Indoor
Date Of Driving Pass	05/03/2001
Driving Experience	14 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-98632604
Fax Number	
Contact Number	Others-98632604
EEmail Address	nandaryt@gmail.com

Address	28 SINGLAP WALK
Postcode	S455759
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	Unknown - TP REVERSE AT JUNCTION
Weather Conditions	Clear
Road Surface	Dry

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
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	4

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

AT 1040AM ON THE 30TH OF MARCH 2015, I WAS LEAVING MARINE TERRACE BLOCK 59 CARPARK WITH MY FAMILY, AS I WAS EXITING THE CAR PARK A TAXI PLATE NUMBER SHD5964U DID NOT STOP AT THE STOP SIGN AND ALMOST HIT ME AS HE WAS SPEEDING. I WAS SHOCKED AND GESTURED TO HIM THAT IT WAS A STOP SIGN. HE MADE A SUDDEN STOP BEYOND THE STOP SIGN. SEEING THAT HE HAD STOPPED AND IT WAS SAFE FOR ME TO MOVE ON, I SLOWLY TURNED AT A WIDER RADIUS WITH CAUTION TO EXIT. AS I WAS EXITING HE SUDDENLY REVERSED BACK INTO ME. HE DID MENTION AND AGREED THAT HE HAD A RECORDER IN HIS TAXI WHICH RECORDED THE EANTIRE INCIDENT. HE CLEARLY STATED THAT HEWOULD BE PRODUCING IT AS EVIDENCE. I TOOK A PICTURES AND TOOK DOWN HIS PHONE NUMBER AS WELL AND LEFT.TAXI DIRVER HP 91144751.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5964U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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.

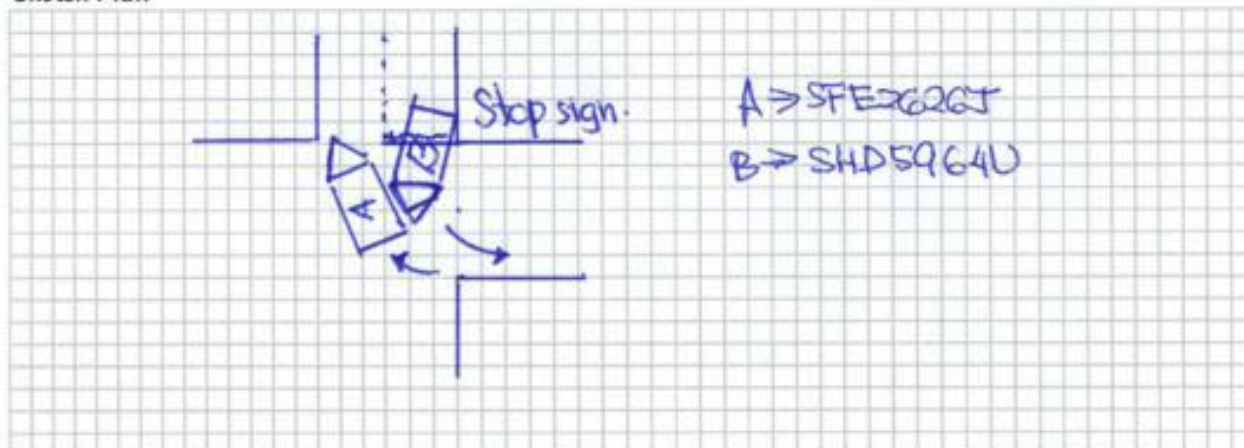
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

At 10.40 am on the 30th of March 2015, I was leaving Marine Terrace Block 59 carpark with my family. As I was exiting the car park, a taxi, plate number SHD 5964U did not stop at the stop sign and almost hit me as he was speeding. I was shocked and gestured to him that it was a stop sign. He made a sudden stop beyond the stop sign.

Seeing that he had stopped, and it was safe for me to move on, I slowly turned at a wider radius with caution to exit.

As I was exiting he suddenly reversed back into me.

He did mention and agreed ~~to~~ that he had a recorder in his taxi which recorded the entire incident. He clearly stated that he would be producing it as evidence.


I took pictures and took down his phone number as well and left.

Taxi Driver: Hp: 911440751

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

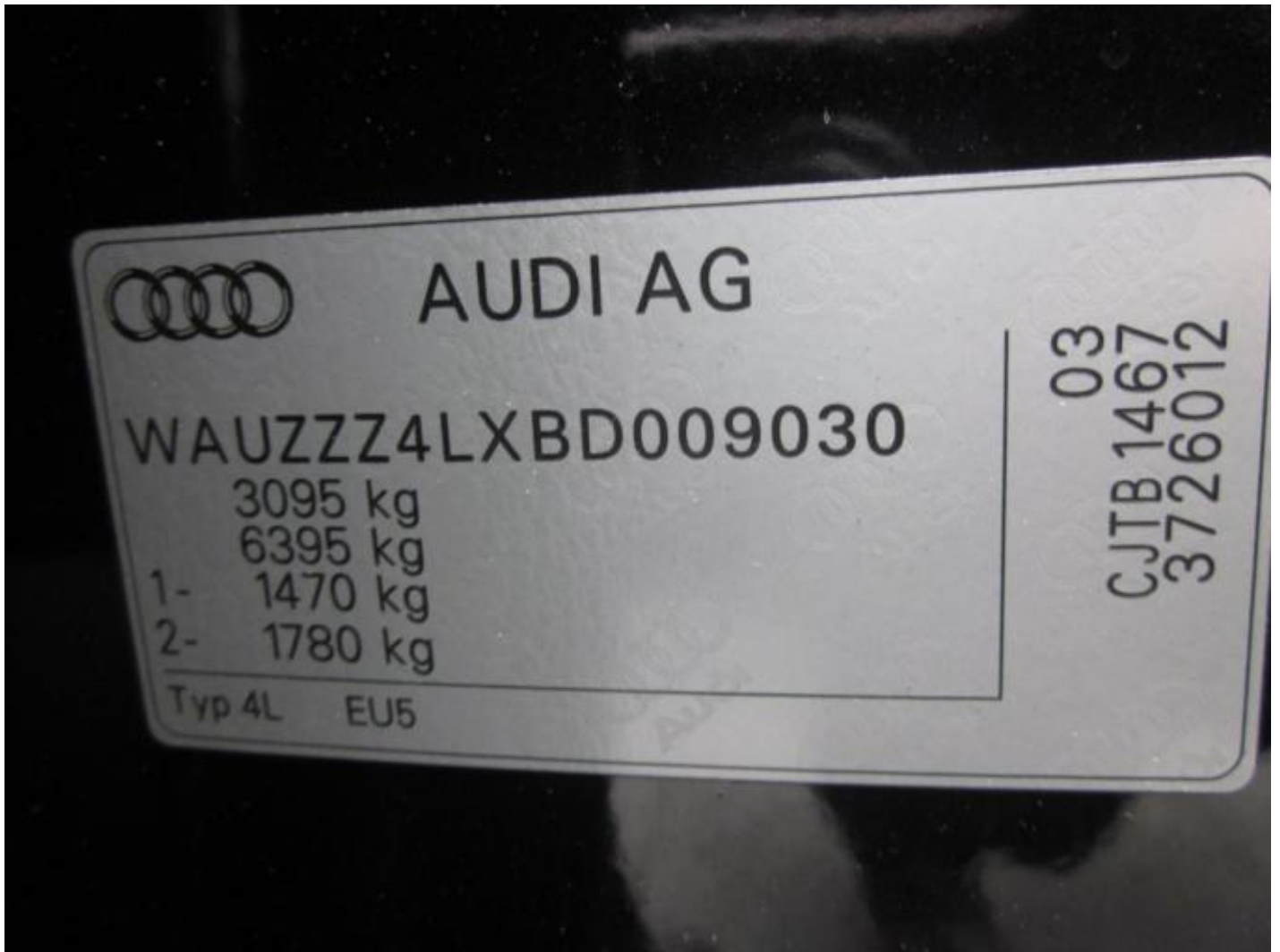


Accident Photo



Accident Photo





Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA115036859 Vehicle Registration No : SFE2626J
Name(as shown in NRIC): KARTHIGASU SUPPIAH NARENDRAAN
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S18091824
Address : 28 SIGLAP WALK
Contact (Tel) : _____ (H/P) : 98632604
(Email) : NANDARYT@GMAIL.COM
Date of Accident : 30/03/2015 Time of Accident : 1040
Place of Accident : MARINE TERRANCE CAR PARK HDB
Insurance Company : AIG ASIA PACIFIC INSURANCE PTE LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To input TP vehicle.



Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm