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 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.
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	29/01/2018 13:03
Date Of Accident	27/01/2018 09:45
Exact Location Of Accident	PIE TWDS JALAN EUNOS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS1342P
Insured/Policyholder	
Name Of Registered Owner	MRS INDU ANNE KOSHY
NRIC No	S7875964Z
Email Address	INDUANNEKOSHY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94517790
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	MAZDA
Model	6-2.0 4-DOOR SEDAN 2.0L SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	
Cover Note Number	5100027664
Driver	
Name of Driver	MRS INDU ANNE KOSHY
NRIC No	S7875964Z
Date Of Birth	11/03/1978
Occupation	INDOOR
Date Of Driving Pass	29/09/2011
Driving Experience	6 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94517790
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	INDUANNEKOSHY@GMAIL.COM

Address	20 SIMEI STREET 1 #04-12
Postcode	529944
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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB5331C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

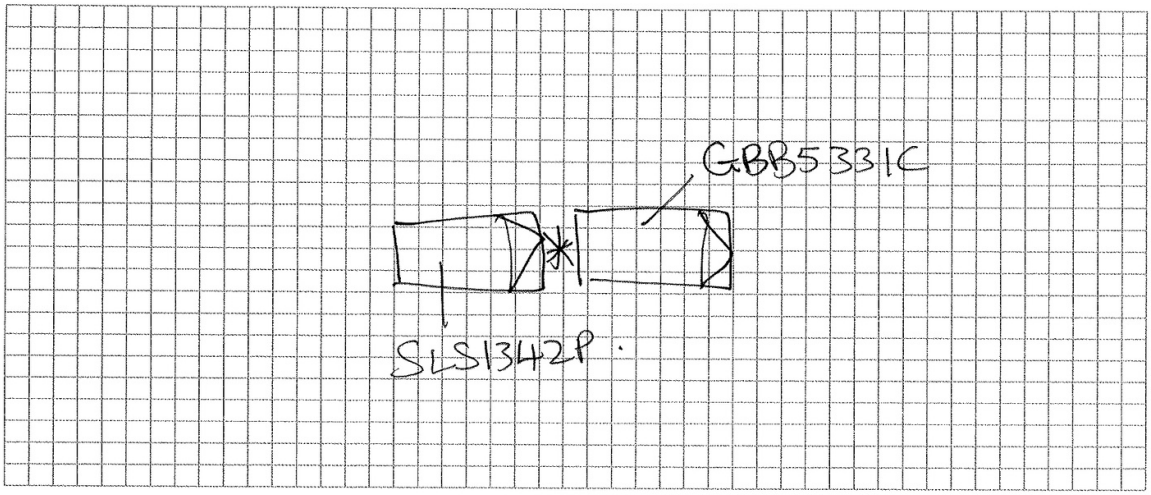
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Trans Eurokars Pte Ltd
5 Ubi Close
Singapore 408605
Tel: 6749 3003/6749 4333
Fax: 6746 0860

Policyholder's Signature Date & Time: 27/1/18	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

LICENSE PLATE NO: SLS 1342P

ACCIDENT DATE: 27/1/18 CONTACT NUMBER: 94517790

ACCIDENT TIME: 9:45 am EMAIL: induannekoshy@gmail.com

LOCATION: PIE exit, towards Jalan Eunos

At PIE exit towards Jalan Eunos, vehicles were turning at free left turn. In front of my car were 2 vehicles. First vehicle moved when traffic on Jalan Eunos was clear. Vehicle in front took longer to react, in the mean time I released my brakes and hit the vehicle in front. On his back bumper. Details in Papago. The vehicle's rear head bumber had dents and tapes already prior to accident - old van.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: (✓) CLAIM OWN POLICY ( ) CLAIM THIRD PARTY ( ) REPORTING ONLY

DECLARATION

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

Policyholder's Signature
Date & Time: 27/1/18 11:38 am.

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

Trans Eurokars Pte Ltd
5 Ubi Close
Singapore 408605
Tel: 6474 3003 / 6749 4333
Fax: 6745 0060

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

GIARMC SketchPlanForm_V3 2

ORIGINAL
Co. Reg. No. 201009404M
Hotline: (65) 6419-3000 Fax: (65) 6415-3723

If you do not receive your Certificate of insurance and policy documents **within 30 days** from the inception date stated on this cover note, **please contact AIG immediately.**

AIG

Cover Note: 5100027664

Auto Protector

The following risk described in the Schedule below is hereby covered subject to the applicable terms and conditions of AIG's policy issued to the Policyholder. The Policy to which this Cover Note relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Schedule (please circle where applicable)

Policyholder/Insured	Indu Anne Abraham Mrs Indu Anne Koshy	
Age Condition	1 (All Age)	
	2 30 Years Old and Above	
	3 35 Years Old and Above	
	4 40 Years Old and Above	
	5 Named Driver Basis	
Policy Type	(Comprehensive)	
	Third Party Fire and Theft	
	Third Party only	

Policy Period	08/09/2017 to 07/09/2018 23:59
Registration Number	
Make/Model	Mazda 6 2.0 Skyactiv
CC/Tonnage	1998
Engine Number	PE2096485S
Chassis Number	JM6GL107IH0127331
Year of Registration	2017
Hire Purchase Company	Hong Leong Finance Limited
Excess	S$ 600 (Section I/II Both) S$ 100 (Windscreen excess)

Please note that acceptance of the risk is subject to our final acceptance and the terms and conditions applicable to the policy. For important notes and applicable laws and regulations, please refer to the reverse page.

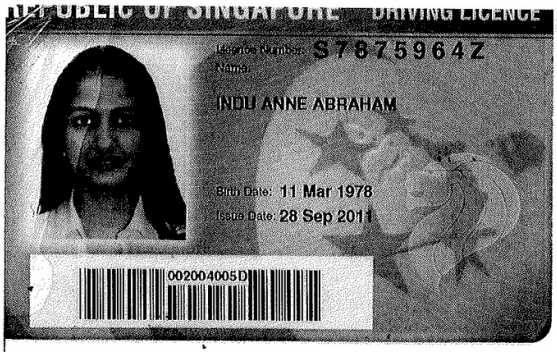
Issued in Singapore

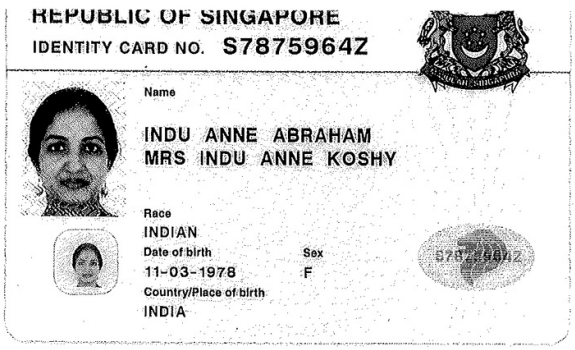
ARF (Asia Pte Ltd)

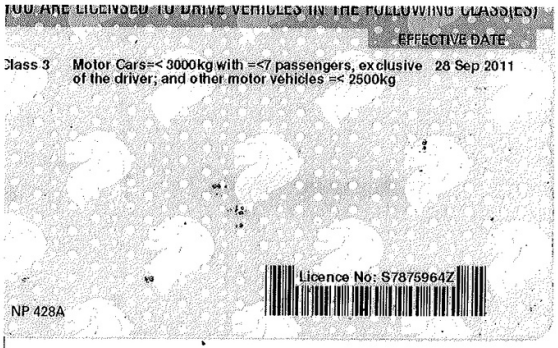
08/09/17		S03S99 - 190	Manik
Date of issuance	Authorised Representative	Agent Code	Manik Bucha, Personal Insurance

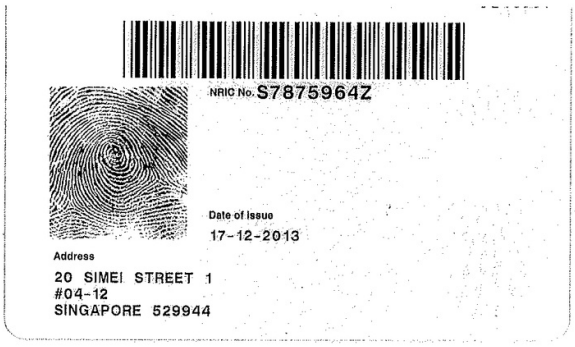
This insurance is underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Sketch Plan Pg. 3


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: S7875964Z
Name:
INDU ANNE ABRAHAM
Birth Date: 11 Mar 1978
Issue Date: 28 Sep 2011
002004005D


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7875964Z
Name
INDU ANNE ABRAHAM
MRS INDU ANNE KOSHY
Race
INDIAN
Date of birth
11-03-1978
Sex
F
Country/Place of birth
INDIA


EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 28 Sep 2011
Licence No: S7875964Z
NP 428A


NRIC No. S7875964Z
Date of Issue
17-12-2013
Address
20 SIMEI STREET 1
#04-12
SINGAPORE 529944

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo