

## 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	26/03/2018 17:49
Date Of Accident	25/03/2018 15:20
Exact Location Of Accident	TAMPINES CENTRAL 1 ( CENTURY SQUARE MALL )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH6897D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHINNAPPAN EASTER RAVINDRANATH
NRIC No	S6861562C
Email Address	RAVINDRANATH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98370292
Alternative Phone No	Home-67822640

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	2100091273
Cover Note Number	

### Driver

Name of Driver	CHINNAPPAN EASTER RAVINDRANATH
NRIC No	S6861562C
Date Of Birth	19/04/1968
Occupation	INDOOR
Date Of Driving Pass	18/07/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98370292
Fax Number	
Contact Number	HOME-67822640
EMail Address	RAVINDRANATH@HOTMAIL.COM

Address	BLK 842 D TAMPINES STREET 82 # 03-60
Postcode	524842
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	CHAIN COLLISION
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)	2
Passenger 1	Name: : ERLEEN PAULA EASTER Gender: : Female

#### 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

I WAS STATIONARY WITH MY HANDBRAKE ACTIVATED AND WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN, THEN SUDDENLY I FELT A KNOCKED FROM BEHIND BY VEHICLE B ( SLA6657T ) , AS THE IMPACT WAS SO GREAT MY CAR MOVED FORWARD AND HIT THE VEHICLE C ( SLR1815Y ) WHO WAS INFRONT OF ME. NO INJURY WAS RECORDED DURING THE ACCIDENT. NO DAMAGED WAS DONE TO ANY GOVERNMENT PROPERTIES DURING THE ACCIDENT.

#### 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	SLA6657T
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SECK HON MENG
NRIC/Passport Number	S7924270E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR1815Y
Vehicle Make/Model/Colour	HONDA VEZEL

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

MR LEE

97611107

# Sketch Plan



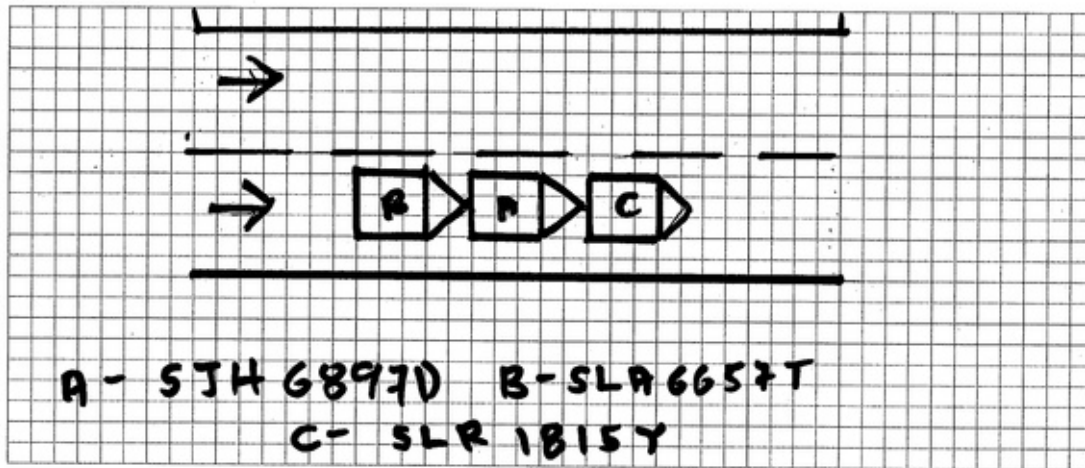
## MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION	
Date of Report:	26 MAR 2018
Date of Accident:	25 MAR 2018
Exact Location of Accident:	TAMPINES CENTRAL 1 (Century Square Mall)
Time: 3.15 PM	
Time: 2.15 ~ 2.20 pm	
DETAILS OF OWN VEHICLE	
Vehicle Registration Number:	SJH 6897D
Name of Registered Owner:	CHINNAPPAN EASTER RAVINDRANATH
NRIC/Passport No./FIN:	S6861562C
Company Reg. No (for Company Veh):	
VEHICLE PARTICULARS	
Manufacturer:	MITSUBISHI
Model:	LANCER EX
Exact Purpose for which vehicle was being used at time of Accident:	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others
Are You Claiming Under Your Own Insurance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Reporting Only <input checked="" type="checkbox"/> NO 3rd Party
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire
INSURANCE DETAILS	
Name of Insurance:	AIG
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party
Policy Number:	2100091273-09
Driver when the Accident Happen	
Name of Driver:	CHINNAPPAN EASTER RAVINDRANATH
NRIC/Passport/Fin No:	S6861562C
Date of Birth:	19 APR 1968
Occupation:	Program Director
Date of Driving Pass:	18 JUL 2008
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	98390292
Home No.:	6782264D
Address:	BLK 842D, TAMPINES ST 82, #01-60 Postal Code 524892
Email Address:	RAVINDRANATH@hotmail.com
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured
Vehicle Registration Number of driver's Own Vehicle:	
Insurance Company:	
OTHER INFORMATION OF THE ACCIDENT	
Type of Accident:	CHANN COLLISION
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify
Road Surface:	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which Police Station:	
Was notice of Intended Prosecution given:	
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)	
Vehicle Registration Number:	SLA 6657T
Name of Registered Owner:	SECK HAN MENG (SHI HANMING)
NRIC/Passport No./FIN:	S7924270E
Company Reg. No (for Company Veh):	
Name of Driver:	SECK HAN MENG
NRIC/Passport/Fin No:	S7924270E
Mobile No.:	
Home No.:	
Address:	APT BLK 649, JALAN TENAGA Postal Code 410649
Email Address:	#14-147
Insurance Company:	
Details of Passenger if any	
Passenger Name:	ERLEEN PAULA EASTER (DAUGHTER)
Contact Number:	98390292
Gender:	Female
Details of Injured Person	
Name:	
Age:	
Address:	
Injured Sustained:	
Injured Person in which vehicle:	
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## MOTOR ACCIDENT REPORT FORM

DETAILS OF OTHER VEHICLE PROPERTY 2			
Vehicle Registration No:	SLA 6657T	Vehicle Make / Model:	HONDA JAZZ
Name of Driver	SECK HON MENG (SH) HAWMIM	NRIC/Passport/Fin No:	S7924270E
Contact Number:	81272352		
Address:	BLK 649, JALAN TENAGA		
Insurance Company Name:			
DETAILS OF OTHER PROPERTY 3			
Vehicle Registration No:	SLR 1815Y	Vehicle Make / Model:	HONDA VEZEL
Name of Driver	MR. LEE	NRIC/Passport/Fin No:	
Contact Number:	97611107		
Address:			
Insurance Company Name:			
DETAILS OF OTHER PROPERTY 4			
Vehicle Registration No:		Vehicle Make / Model:	
Name of Driver		NRIC/Passport/Fin No:	
Contact Number:			
Address:			
Insurance Company Name:			
DETAILS OF OTHER PROPERTY 5			
Vehicle Registration No:		Vehicle Make / Model:	
Name of Driver		NRIC/Passport/Fin No:	
Contact Number:			
Address:			
Insurance Company Name:			
Details of Witness if any			
Witness Name:			
Contact Number:			
Email Address:			
Details of Injured Person			
Name:	Age:		
Address:			
Injured Sustained:	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary with my handbrake actuated and waiting for the traffic light to turn Green. Then suddenly I felt a knocked from behind by vehicle (SLA 6657T). As the impact was so great my car moved forward and hit the vehicle (SLR 1815Y) who was in front of me.

No injury was recorded during the accident.  
No damage was reported done to Govt. Properties during the accident.

## DECLARATION

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

C. Ayer 26/3/18 3.15pm  
Policyholder's Signature  
Date & Time:

C. Ayer 26/3/18 3.15pm  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



## SKETCH PLAN

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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.

C. Ang <sup>W</sup> 26/2/18

Policyholder's Signature 2.15pm  
Date & Time:

C. Ang <sup>W</sup> 26/2/18

Driver's Signature 3.15pm  
(If driver is not the policyholder)  
Date & Time:

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



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

