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.

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	ACCIDENT STATEMENT
Date Of Report	04/04/2018 09:38
Date Of Accident	03/04/2018 20:40
Exact Location Of Accident	MARYMOUNT ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC137G
Insured/Policyholder	
Name Of Registered Owner	ANBARASAN RAMASAMY
NRIC No	S7311756I
Email Address	ANBU2073@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94309960
Alternative Phone No	OFFICE-65059543
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
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	2100462075-01000
Cover Note Number	
Driver	
Name of Driver	ANBARASAN RAMASAMY

NRIC No S7311756I Date Of Birth 20/03/1973 Occupation **INDOOR Date Of Driving Pass** 09/12/1992

Driving Experience 25 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94309960

Fax Number

Contact Number OFFICE-65059543

EMail Address ANBU2073@GMAIL.COM Address 3 SIN MING WALK

#11-23

Postcode 575575

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

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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

ON THE 3RD OF APRIL, AT AROUND 8.40 PM, I WAS DRIVING BACK FROM WORK. I WAS WAITING AT THE BIG YELLOW BOX JUNCTION BETWEEN MARYMOUNT ROAD, BISHAN STREET 22 AND SIN MING ROAD, WAITING TO TURN RIGHT INTO SIN MING AVENUE. I WAS AT THE RIGHT LANE AT MARYMOUNT ROAD AND THERE WAS ANOTHER CAR BESIDE ME AT THE OUTMOST RIGHT LANE. THESE TWO RIGHT LANE ALLOWS A RIGHT TURN INTO SING MING AVENUE. THE TRAFFIC LIGHT WAS RED WITH ANOTHER RED ARROW. THE RED ARROW TURNED GREEN AND THE CAR BESIDE ME, MOVED FORWARD, FOLLOWED BY ME. WHILE TURNING RIGHT, HALF WAY, A WHITE AUDI (SLM8532T), WAS SPEEDING AT A RIDICULOUS SPEED, CONSIDERING IT IS A BIG YELLOW BOX JUNCTION, AND HIT ME. I SUSTAINED SOME KNOCKS ON MY KNEE AND BACK.

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 SLM8532T

Vehicle Make/Model/Colour AUDI / WHITE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- 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 insurers) 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:
 - 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:

Para de Filino.

814040

Driver's Signature

(If driver is not the policyholder)

Date & Time:

212020

0815

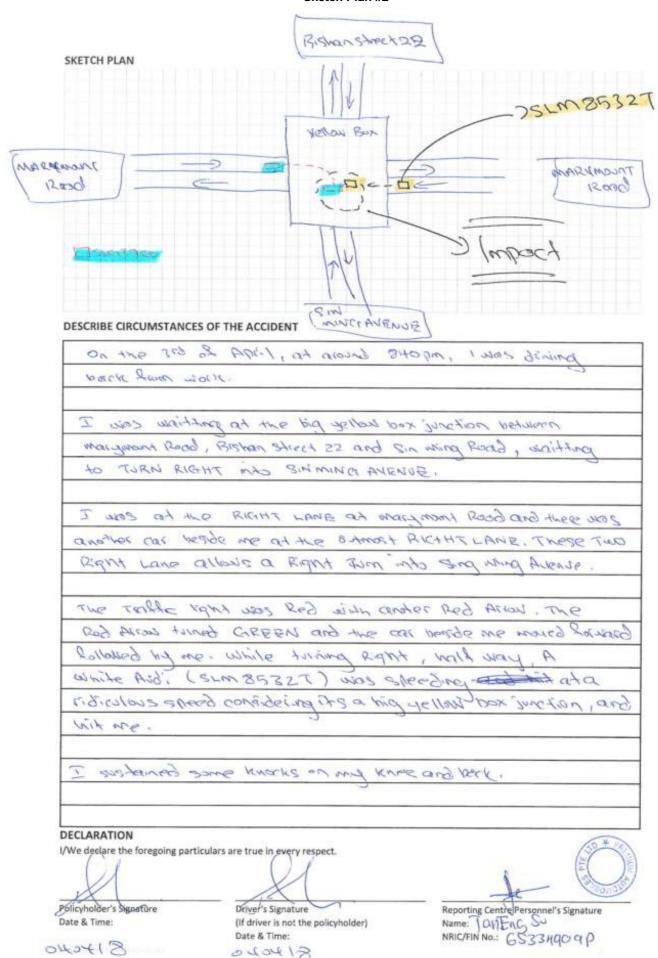
Reporting Centre Personnel's Signature

334909P

Name: Tan Eng -

NRIC/FIN No.:()

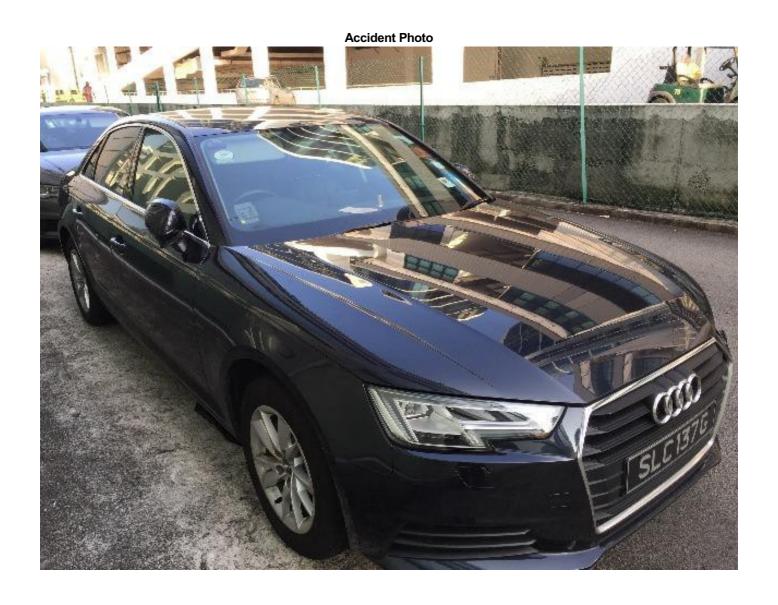
Sketch Plan #2



320 am

330am



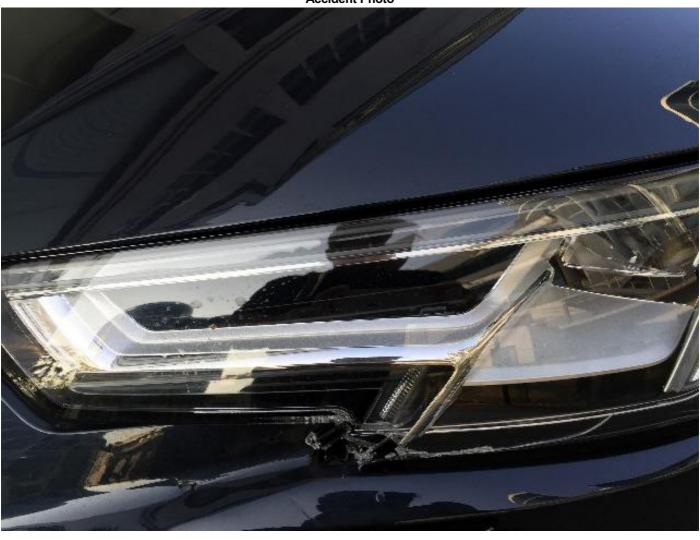


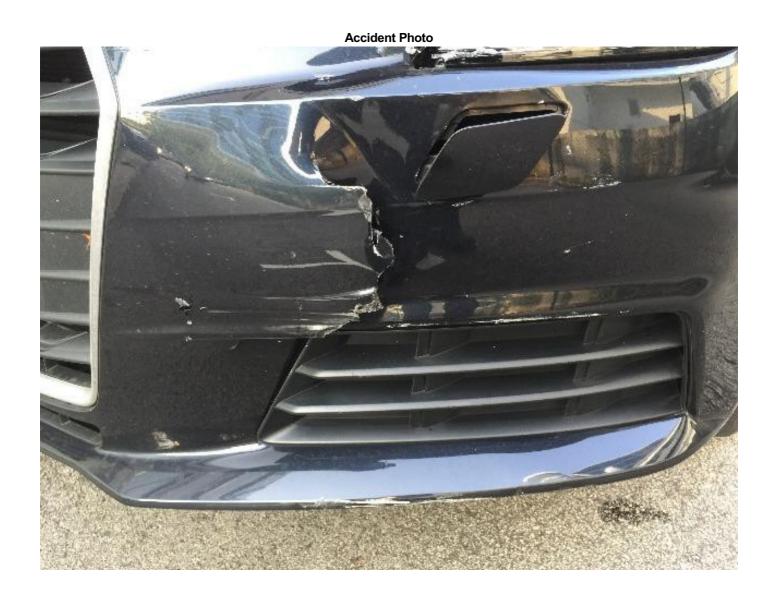


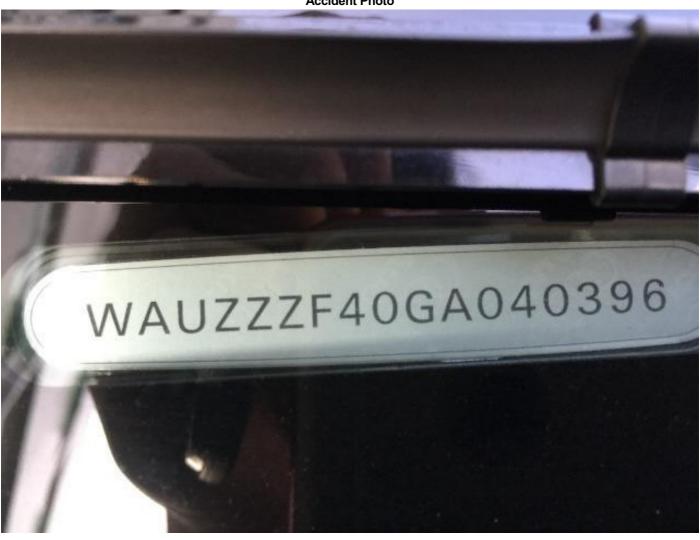












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

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: MPA 118 044696 0 Vehicle Registration No: SLC 1376		
	Name(as shownin NRIC): ANBA RASAN RAMASAMY NRIC/FIN/Passport No : S73117561		
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate		
	Address :Singapore(
	Contact (Tel) :Mobile No. :		
	Email Address :		
	Date of Accident : 03 04 7018 Time of Accident: 20:40		
	Place of Accident : MARYMOUNT ROAD		
	Insurance Company: 46		
	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: To ammend time of accident in sketch plan; to 8:40 PM		
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NASTUFA STE OSMAN		

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