

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	11/04/2018 11:28
Date Of Accident	10/04/2018 20:00
Exact Location Of Accident	ORCHARD ROAD TOWARDS NUTMEG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW5695Z
Insured/Policyholder	
Name Of Registered Owner	SAMYAJIT CHAUDHURI
NRIC No	S2722512H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96220724
Alternative Phone No	Office-NOPHONE

Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT LED EU6
Exact Purpose for which vehicle was being used at time of accident	
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	1800017469
Cover Note Number	

Driver	
Name of Driver	KANIKA CHAUDHURI
NRIC No	S2722513F
Date Of Birth	10/03/1965
Occupation	INDOOR
Date Of Driving Pass	02/02/2009
Driving Experience	9 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91268647
Fax Number	
Contact Number	
E-Mail Address	KANIRAOJHA@YAHOO.COM.SG
Address	361 BUKIT TIMAH ROAD #07-01
Postcode	259725
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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: : SUMONA CHAUDHURI 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

PLEASE REFER TO THE 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	SLG2135C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number	
Contact Number	91822218
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN


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 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.
5. 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:

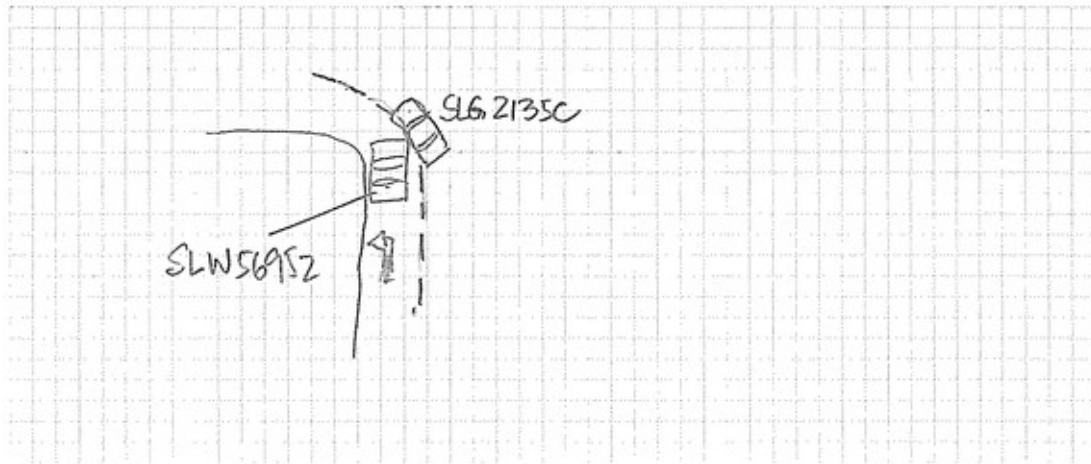
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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.


Policyholder's Signature
Date & Time:


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: <u>SLW 5695Z</u>	ACCIDENT DATE & TIME: <u>8.00pm on 10/4/18</u>
CONTACT NUMBER: <u>9126 8667</u>	E-MAIL ADDRESS: <u>Kanikaojha@yahoo.com.sg</u>
LOCATION: <u>Was driving along Orchard road, was going to turn into Nutmeg road, I was in my lane, when another car, came and hit me on right front corner of my car. The car (SLG 2135C) was trying to turn in to Nutmeg road through outer lane, and hit my car by encroaching into my lane.</u>	
<u>My car camera captured it on video which I have submitted as evidence. The accident happened at 8 to 8.15pm on 10th April 2018.</u>	
<u>Nobody was injured. Both cars were damaged.</u>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2722512H



Name

SAMYAJIT CHAUDHURI

Race

INDIAN

Date of birth

28-12-1965

Sex

M

Country of birth

INDIA

S2722512H

Owner

4622150



NRIC No S2722512H



Date of issue

27-08-2010

361 BUKIT TIMAH ROAD #07-01
SINGAPORE 250725

NRIC No: S2722512H

Date: 16/01/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of KANIKA CHAUDHURI

Licence Number: **S2722513F**
 Name: **KANIKA CHAUDHURI**
 Birth Date: **10 Mar 1965**
 Issue Date: **02 Feb 2009**

Barcode: 001705010F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2722513F

Portrait photo of KANIKA CHAUDHURI

Name: **KANIKA CHAUDHURI**
 Race: **INDIAN**
 Date of birth: **10-03-1965** Sex: **F**
 Country of birth: **INDIA**

Driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

PASS DATE: **02 Feb 2009**

NP 428A

Licence No: **S2722513F**

4622159

Barcode

NRIC No: **S2722513F**

Portrait photo of KANIKA CHAUDHURI

Date of issue: **27-08-2010**

361 BUKIT TIMAH ROAD #07-01
 SINGAPORE 259725

NRIC No: **S2722513F** Date: **16/01/2018**



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Samyell Chaudhuri
 Period of Insurance : 22 Feb 2018 To 21 Feb 2020
 Engine No. : P520495268
 Chassis No. : JMBN22ABJ0204754

Vehicle No. : SLW56952
 Policy No. : 1600017469
 Endorsement No. :
 Issued Date : 06 Mar 2018

ABOUT THE COVER

Make/Model : MAZDA 3 1.6 SKYACTIV
 Engine Capacity/Tonnage : 1,495.00 CC
 Driver Restriction : NA

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2018
 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

as The Policyholder

or any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$1,000 as "Young Driver Indemnification Driver Excess" ("YDE") if you are or your Authorized Driver (named or unnamed) is under the age of 25 and/or has less than 2 years driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 100) and Section 94 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings.

EXCESS

Section 1

Fire : \$0 Own Damage : \$600 Theft : \$0 Flood Cover : \$0

Section 2

Property Damage : \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Samyell Chaudhuri : \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Trans Eureka Pte Ltd Add 5 Ubi Close, Singapore 408665 63958899

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6238 8236. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download 'AIG SG' from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 100), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1978 (Malaysia).

0503559180

AIG (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

