

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	17/07/2018 17:13
Date Of Accident	17/07/2018 10:10
Exact Location Of Accident	KPE TUNNEL .
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY858C
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Insured/Policyholder

Name Of Registered Owner	SHAH PIYUSH BALKRISHNA
NRIC No	S2751666A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92397057
Alternative Phone No	Office-92397057

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100095210
Cover Note Number	

Driver

Name of Driver	SHAH PIYUSH BALKRISHNA
NRIC No	S2751666A
Date Of Birth	03/10/1967
Occupation	INDOOR
Date Of Driving Pass	06/06/2006
Driving Experience	12 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-92397057
Fax Number	
Contact Number	OFFICE-92397057
EEmail Address	NOEMAIL
Address	BLK 317D ANCHORVALE ROAD #14-208
Postcode	544317
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	COLLIDED INTO MOTORCYCLIST
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?	
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: : shital shah 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

IT HAPPENED ON KPE TUNNEL. I WAS DRIVING IN LANE 1. I STARTED MY LEFT INDICATOR TO CHANGE LANE TO GO TO LANE 2. I WAS WAITING TO GET CLEAR SPACE IN LANE 2. WHEN I MOVED TO LANE 2 SEEING CLEAR SPACE IN FRONT. THE BIKE RIDER CAME AND BANG IN TO MY CAR REAR RIGHT HAND CORNER OF MY VAR. I WOULD LIKE TO INDICATE THAT THERE WAS CAR COMING IN LANE 2 (WITNESED) WITH CAMERA INSTALLED. HE WILL BE PROVIDING A VIDEO CLIPS OF THE INCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITNESS CAMERA
Was there any audio recorded?	NO

Details of Witness 1

Name	MR FAIZAL
Phone Number	93692921
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH6166A
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	MOTORCYCLE
Name of Driver	MR JOSHUA
NRIC/Passport Number	
Contact Number	90223411
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.
- (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: 17/9/2018 12.00pm

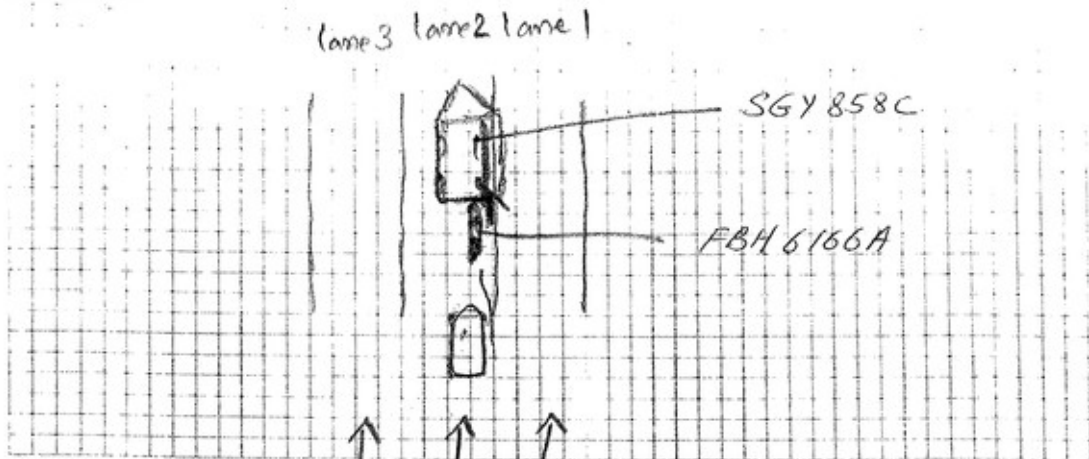
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIARMC SketchPlanForm_V3

Soe Leon

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It happened on ~~the~~ KPE TUNNEL. I was driving in lane 1. I started my left indicator to change the lane to go to lane 2. I was waiting to get clear space in lane 2. When I moved to lane 2 seeing clear space in front & back the bike rider came & bang into my car's rear right hand corner of my car. I would like to indicate that there was a car coming in lane 2 (witnessed) with camera installed. He will be providing a video clip of the incidence.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 12.00 noon 17/1/2017

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

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

Identification Card



Handwritten notes in Tamil script, likely identifying the license holder or providing additional information.



cert ins

**CERTIFICATE OF INSURANCE**

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder	Shri. Jayan Ursalinda
Period of Insurance	15 Sep 2017 To 14 Sep 2018
Engine No.	115A1010101
Chassis No.	J-104 D100075220112

Vehicle No : 33Y0590
Policy No. : 2100000210-06
Encroachment No :
Issued Date : 08 Sep 2017

ABOUT THE COVER

Model Name	COBRA-CARE v11.1.2				
Input Case(s) To Model	1700, 35-00	Sum Insured	Market Value	Total Value of Deposition	Y00
Output Simulation	MS	On Policy Car	No	Insured with COBRA-CARE	No

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Any Comment? [System Administrator](#)

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FYCERB

Figure 1

TABLE 2

2004/05 = 100.0

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Paul Thompson and John D. Brainerd, *Harvard University*

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS FOR CLAIMS RELATED REPAIRS

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IMPORTANT NOTES

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Accident Photo



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