

## 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	20/08/2018 11:48
Date Of Accident	19/08/2018 11:00
Exact Location Of Accident	CTE (TOWARDS CITY)BEFORE BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8436T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAJAGOPALAN PREMKUMAR
NRIC No	S2671947Z
Email Address	RAJAGOPALAN.PREMKUMAR@CITI.COM
Mobile Phone No	(LOCAL) +65-96716754
Alternative Phone No	OFFICE-91278686

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4 HATCHBACK 1.6 AT

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	2100364086
Cover Note Number	

### Driver

Name of Driver	ARTHI PREMKUMAR
NRIC No	S9371475Z
Date Of Birth	11/01/1993
Occupation	INDOOR
Date Of Driving Pass	01/10/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91278686
Fax Number	
Contact Number	
Email Address	ARTHI1101@YAHOO.COM

Address	143 SERANGOON AVE 3 #13-03 THE SPRINGBLOOM
Postcode	556121
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	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

PLEASE REFER TO ATTACHED.

#### 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	SKR5495Y
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN JUNSHEN
NRIC/Passport Number	S9024035H
Contact Number	85184687
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT3525K
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	LIM WOON YONG
NRIC/Passport Number	S7836363J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SLF4698L
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	ONG KIAN SENG
NRIC/Passport Number	S7620599Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



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.

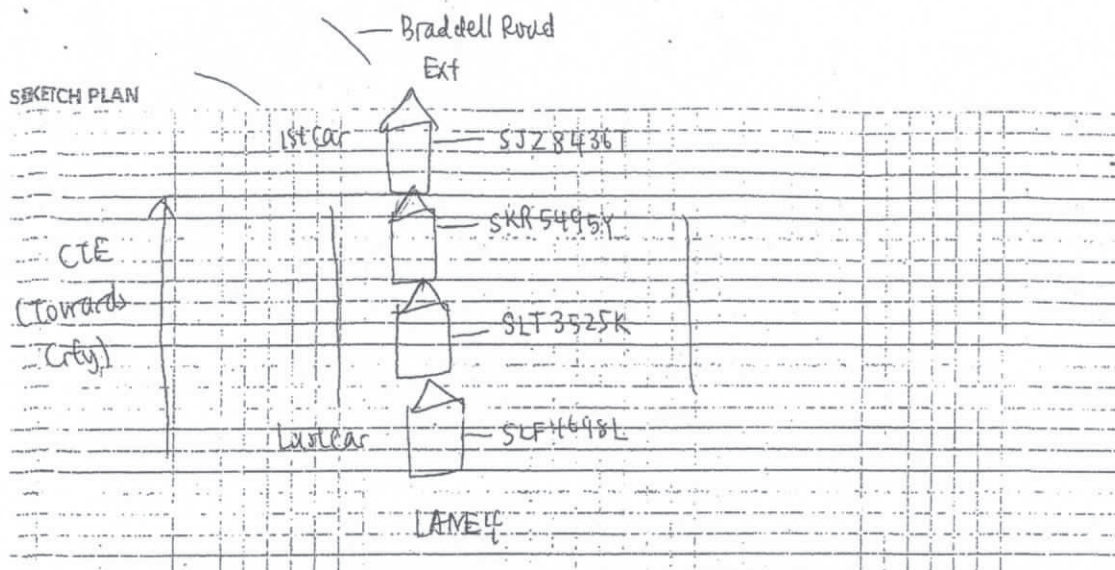
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 2018/10/18 11:58am

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

# Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had just finished switching lanes from the <sup>5th</sup> ~~4th~~ to <sup>4th</sup> ~~5th~~ lane.

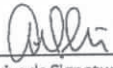
After switching lanes, the truck in front of me suddenly braked. I managed to break ~~it~~ in time and did not hit the truck in front of me. Unfortunately, the car behind me was not able to break in time and hit the back of my car. 2 cars behind him ~~was~~ were also not able to break in time, causing a 4 vehicle line collision.

Accident took place right before Braddell Road exit along CTE (Towards Crty) on Lane 4. - around 1056-1100 am.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/8/18 11.45am

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