

## 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	06/09/2018 13:23
Date Of Accident	06/09/2018 08:20
Exact Location Of Accident	JUNCTION OF UPPER THOMSON RD & SIN MING ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4769J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAJAGOBAL NAVIN PRABU
NRIC No	S7222218J
Email Address	DR.NAVIN@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-98589237
Alternative Phone No	OTHERS-98589237

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	2100502129
Cover Note Number	

### Driver

Name of Driver	RAJAGOBAL NAVIN PRABU
NRIC No	S7222218J
Date Of Birth	24/06/1972
Occupation	INDOOR
Date Of Driving Pass	03/03/1993
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98589237
Fax Number	
Contact Number	OTHERS-98589237
Email Address	DR.NAVIN@OUTLOOK.COM

Address	6 MEI HWAN CRESCENT
Postcode	568451
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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: : MANKIRAN KAUR 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

REFER TO ATTACHMENT

#### 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 Witness 1

Name	MANKIRAN KAUR
Phone Number	91283197
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB7276R
Vehicle Make/Model/Colour	MITSUBISHI FUSO CANTER WHITE
Details Of Properties	FRONT BODY DENTED, FRONT LIGHT DAMAGED
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DAS BEJOY
NRIC/Passport Number	G6954272M
Contact Number	96286876
Address	

Postcode

Insurance Company Name

ERGO INSURANCE PTE. LTD.

Nature Of Damage

FRONT BODY DENTED,FRONT LIGHTS DAMAGED

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: 6/9/2018

9:00pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/9/2018

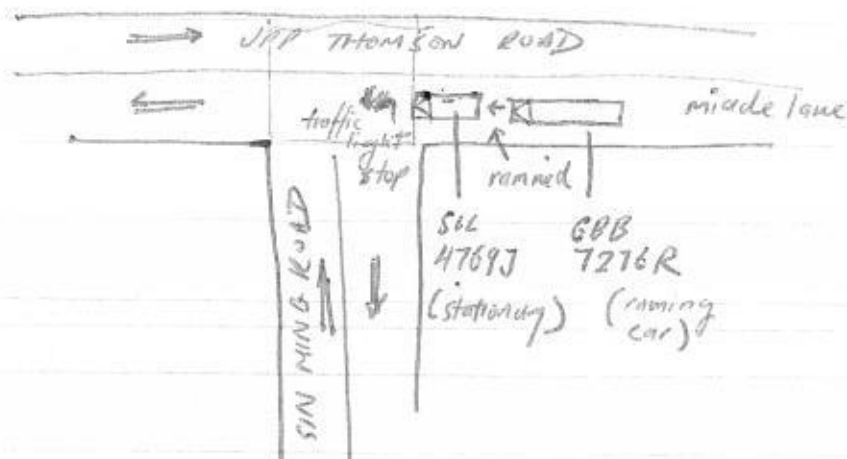
9:00pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



GBB 7276R  
rammed into  
stationary  
vehicle SL 4769J  
while SL 4769J  
was stopped  
at junction  
traffic light  
for red signal.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

GBB 7276 R rammed into the back of my vehicle SL 4769 J while my car was stopped at the junction on Upper Thomson Road (junction of Sin Ming Road) traffic light junction. Please refer to the photos. Signal was amber/red when the driver of GBB 7276 R rammed into my vehicle.

### Notes

Driver: Das Bejay (foreign worker)  
Boss: Ms Vivian Neo  
Company: Brillante Project Pte Ltd  
2B Vpp Boon Keng Road  
#20-688, S.S 382002  
Co Reg No: 201525224W

## DECLARATION

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

Policyholder's Signature  
Date & Time: 06/09/2018  
9.00 AM

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 06/09/2018  
9.00 AM

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