

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	21/09/2018 08:48
Date Of Accident	20/09/2018 15:35
Exact Location Of Accident	PRINCE GEORGE PK TWDS BUSINESS LINK & KENT RIDGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB1122T
Insured/Policyholder	
Name Of Registered Owner	SUDHIR BHASKAR SOMAN
NRIC No	S2633002E
Email Address	SUDHS.SOMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91299962
Alternative Phone No	Office-91299962

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.5 (A)
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	REPORTING ONLY
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	2100089052-10
Cover Note Number	

Driver

Name of Driver	SUDHIR BHASKAR SOMAN
NRIC No	S2633002E
Date Of Birth	04/06/1953
Occupation	INDOOR
Date Of Driving Pass	13/09/1994
Driving Experience	24 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91299962
Fax Number	
Contact Number	OFFICE-91299962
E-Mail Address	SUDHS.SOMAN@GMAIL.COM
Address	1 TAMAN NAKHODA #02-01 HOLLAND GEMS
Postcode	257742
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO: 64715299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACH

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	SKV186B
Vehicle Make/Model/Colour	AUDI A1 BLUE COLOUR
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	NARCISSCA KOH SHAO WEN
NRIC/Passport Number	S9637718E
Contact Number	97370028
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

X 

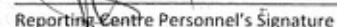
Policyholder's Signature

Date & Time: 21 SEP 2018/0856LT



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

Date & Time:

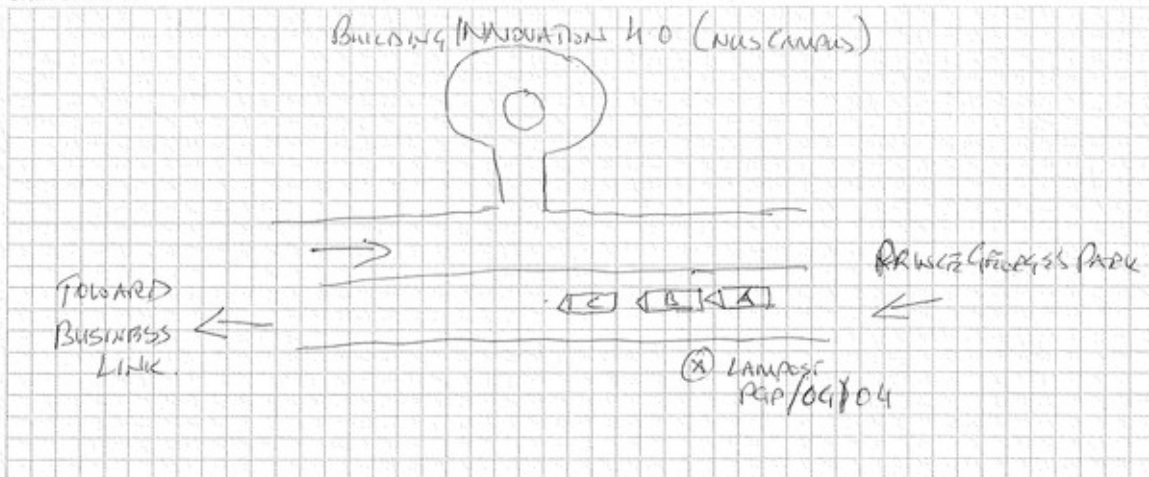


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date: 20.9.18	Accident Time: 15.35	AM/PM (P)
Accident Location:		
- Details of circumstances -		
<p>ON 20th SEP 2018 I WAS PROCEEDING WEST ALONG ROAD NAME 'PRINCE GEORGE'S PARK' TOWARDS ROAD NAME 'BUSINESS LINK'. AT 1535 LT ON 20th SEPT 2018 MY CAR SFB1122T (CAR A) FRONT END MADE CONTACT WITH THE REAR END OF CAR SKV186B (CAR B) THIS ACCIDENT HAPPENED BECAUSE (CAR 'C') IN FRONT OF (CAR 'B') SKV186B ABRUPTLY STOPPED TO MAKE A RIGHT TURN TO ENTER ACCESS ROAD TO BUILDING NAME 'INNOVATION 4.0' NUS CAMPUS. REQUIRING (CAR 'B') SKV186B TO ALSO ABRUPTLY COME TO A STOP. ON SEEING THE ABOVE SITUATION DEVELOP, I IMMEDIATELY APPLIED MY CAR BRAKE TO ALSO SLOW DOWN AND STOP, BUT MY ACTION COULD NOT AVERT THE ACCIDENT FROM HAPPENING. THERE WAS NO APPARENT INJURY TO THE DRIVER OF (CAR 'B') SKV186B AT THE TIME OF ACCIDENT. THERE WAS SLIGHT DAMAGE TO REAR END OF (CAR 'B') SKV186B AND SLIGHT DAMAGE TO FRONT END OF MY CAR (CAR 'A') SFB1122T. AFTER EXCHANGING PARTICULARS WITH DRIVER OF (CAR 'B') SKV186B. DRIVER OF CAR 'B' SKV186B DROVE AWAY IN HER CAR AND I DROVE AWAY IN MY CAR. AT 1900 LT I WAS INFORMED DRIVER OF CAR 'B' WAS EXperiencing STIFF NECK AND WAS AT A/E FOR CONSULTATION.</p>		
3rd party details below:-		
B) Veh No: SKV186B	Hp No: 47370028	Pax incl driver: 02 Driver name: Ms NARCISSA KOH SHAO WAN.
C) Veh No: UNKNOWN	Hp No: UNKNOWN	Pax incl driver: 00 Driver name: UNKNOWN

DECLARATION

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

X Asmahan
 Policyholder's Signature
 Date & Time: 21 SEP 2018 / 0910 LT

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

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

NOTICE OF REPORTING

This is to confirm that Mr **Sudhir Bhaskar Soman**, NRIC/FIN

S2633002E has reported to the Police a non-injury traffic accident which

occurred Along **Prince George Park towards Business Link and Kent Ridge Drive Opposite Building Innovation 4.0 L/P PGP OG 04**

on **20/09/2018** at **1535** hrs involving the following vehicles:

SFB 1122T and SKV 186 B

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: **SSSGT Lim Kim Huat**

Date: **20/08/2018** Time: **2009** hrs

S/D Ref: **74** -

Police Post/Unit : **Queenstown NPC**

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Queenstown
Neighbourhood Police Centre
No 3 Queensway #01-03
Singapore 149073

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

