

## 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	25/09/2018 14:22
Date Of Accident	23/09/2018 17:45
Exact Location Of Accident	NORTH- SOUTH EXPRESSWAY 33 KM MARKER TOWARDS JB
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBG388X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KARTHIKEYAN S/O PUNIAMOORTHY
NRIC No	S8609924A
Email Address	KART0022@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91288996
Alternative Phone No	Office-67646315
<b>Vehicle Particulars</b>	
Manufacturer	AUDI
Model	A5 SB 2.0 TFSI S TRONIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700073452
Cover Note Number	
<b>Driver</b>	
Name of Driver	KARTHIKEYAN S/O PUNIAMOORTHY
NRIC No	S8609924A
Date Of Birth	14/04/1986
Occupation	INDOOR
Date Of Driving Pass	12/09/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE

10/4/2018

E-FILE

Mobile Number (LOCAL) +65-91288996  
 Fax Number  
 Contact Number OFFICE-67646315  
 EMail Address KART0022@GMAIL.COM  
 Address 4 CASHEW TERRACE  
 Postcode 679542  
 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? YES  
 Foreign Vehicle Registration Number BGY6639 (PRIVATE CAR)  
 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: : VEENAA GUNASEKARAN  
 Gender: : Female

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes,Please state which Police Station  
 Police Station Name 10 UBI AVENUE 3  
 Police Station Address **ROAD:** 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY:** SINGAPORE  
 Police Station Contact **TEL NO:** - **FAX NO:**  
 Was notice of intended Prosecution given? NO  
 If Yes,against whom?

**Circumstances of Accident**

ON 23RD SEPTEMBER 2018 AT 1745 HRS, I WAS DRIVING MY CAR (SBG388X) FROM MALACCA TO SINGAPORE ALONG THE NORTH-SOUTH EXPRESSWAY. DUE TO MODERATE TRAFFIC CONGESTION AT THE 33 KM MAKER TOWARDS JOHOR BAHRU, THE TRAFFIC CAME TO A STANDSTILL MOMEMTARILY. THE CAR AHEAD OF ME HAD APPLIED SUDDEN BRAKE AND CAME TO A STOP. I MANAGED TO STOP IN TIME TO AVOID COLLISION. HOWEVER, THE CAR BEHIND ME (BGY 6639 ) WHICH WAS A MALAYSIAN REGISTERED CAR COLLIDED IN TO THE REAR OF MY CAR. REAR BUMPER OF MY CAR WAS DAMAGED. I EXCHANGED DRIVER DETAILS AND PROCEEDED TO LODGE ACCIDENT REPORT AT THE TRAFFIC POLICE STATION IN JOHOR BAHRU. I HAVE VIDEO FOOTAGE & PICTURES PERTAINING TO THE ACCIDENT. NO INJURIES WERE SUSTAINED TO THE DRIVERS AND PASSENGERS.

**Attachment(s)**

Are accident photos available for attachment? YES

10/4/2018

E-FILE

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number BGY6639  
Vehicle Make/Model/Colour HONDA CIVIC/CHAMPAGNE  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver TASAKAREN A/L MUNIANDY  
NRIC/Passport Number  
Contact Number 60125556174  
Address NO.50 TMN SUNGEI WANG2, PERAK  
Postcode 32400  
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.

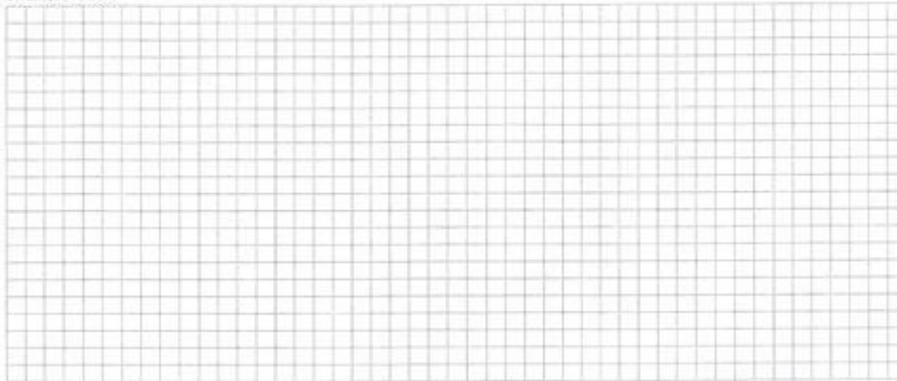
  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name: Wong Anthony Seak Gray  
 NRIC/FIN No.: G2A87142x

#### Sketch Plan #2

SKETCH PLAN

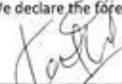


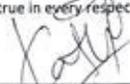
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23rd September 2018 at 1745 hrs, I was driving my car (SBG388X) from Malacca to Singapore along the North-South Expressway. Due to moderate traffic congestion at the 33km marker towards Johor Bahru, the traffic came to a standstill momentarily. The car ahead of me had applied sudden brake and came to a stop. I managed to stop in time to avoid collision. However, the car behind me (BGY6639) which was a Malaysian registered car collided into the rear of my car. Rear bumper of my car was damaged. I exchanged driver details and proceeded to lodge an accident report at the traffic police station in Johor Bahru. I have video footage & pictures pertaining to the accident. No injuries were sustained to the drivers and passengers.

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:

  
 Reporting Centre Personnel's Signature  
 Name: JONIS K HONG SENI, HOANG  
 NRIC/FIN No.: G2987143X



IBARMC (DeschP)Form\_V3

Sketch Plan #3

# Sketch

