SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 witholding 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. 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.
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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	15/10/2018 18:19
Date Of Accident	14/10/2018 13:00
Exact Location Of Accident	LORONG 6 TOA PAYOH - PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX1562U
Insured/Policyholder	
Name Of Registered Owner	SINGH SHAILYAMANYU
NRIC No	S7687364Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96172555
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 I-L CVT AWD SR (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	1800028184
Cover Note Number	
Driver	
Name of Driver	ATRI VASUDHA
NRIC No	S7866700A
Date Of Birth	09/05/1978

INDOOR

28/10/2009

8 YEARS AND 11 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-83630522

Fax Number

Contact Number

EMail Address ATRI_VASUDHA@YAHOO.COM

Address 495 YIO CHU KANG ROAD #11-01

Postcode 787080 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

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 RAINING Road Surface WET

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

YES

1

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

KINDLY REFER TO DOCUMENT.

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 SGR4748Y

Vehicle Make/Model/Colour NISSAN / LATIO

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ERNEST CHEW LAK HENG

NRIC/Passport Number S1197467H Contact Number 81890455

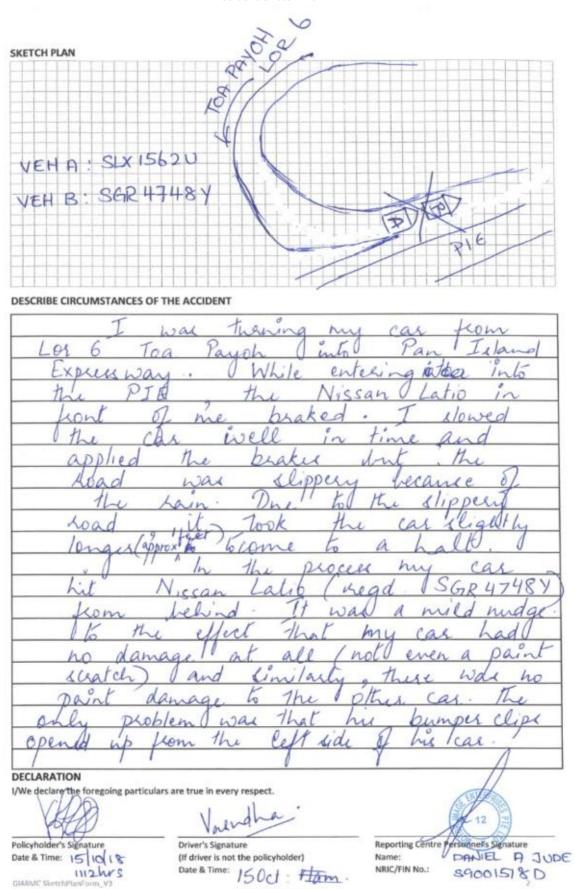
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan



1112 hrs

GIARMC SketchPlanForm_V3

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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

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(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 15 10 18

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

Date & Time:

Reporting Centre Personnel's Signature Name:

DANIEL A JUDE NRIC/FIN No.: \$9001518D

CERTIFICATE



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Singh Shelyamanyu Period of Insurance : 18 Mer 2015 To 18 Mer 2019 Engine No. : FB20YC72079 UF1SJEKCSJG104870

vanicio No. | SLX1562U Policy No. | 1800028164 Endoraement No. | Issued Date | 595.4

ABOUT THE COVER

Make/Model : SUBARU Forestor 2.0+L Engine Capacity/Tornage : 1,995.00 CC Driver Restriction : NA.

2.0H.
Sum insured : Market Value First Year of Registration : 2018
Off Peak Car : No Insuring with ODE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

This Principles are a consistent of the Policy forces on the Policy forces under or with history permisent.

If you are don't prevent with a consequent of the Policy forces or with history previously.

The Policy will be prevented in a consequence of the prevented of the prevented of the Policy of the Policy

Age Condition : All Age Condition

Limitation as to use":

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* Consistency reviewed frequentive by Section 8 of the Stence Vehicles (Theophory State and Comparisons) Act (Day, 199), we disclose 65 of the Ricco Tompport Act, 1987 (Antagon), are exclusive ander from freatmentings.

Section 1 Firm - 50 Own Demage - \$899. Treft - 50 Flood Cover - 50

Section 2 Properly Damage - 50

Named Driver and Excess over automo-

Singh Shatyarranyu - \$500 (Own Dwnege)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Maint Inequal Emerginary Phil Ltd. Acta. 13 Loreing 6 Too Physik Directory 510255 64

For other Agenesis Reporting Custowirk (Custowirk (Custowirk Custowirk (Custowirk Custowirk Cust

IMPORTANT NOTES

Hire Purchase Company/Employer's Lean: MayBank

DNA Seetly Darty Hall Fiv policy to elect the Certificate of Insurance related is bound in accordance with the price Rocal Transport Act, 1987 (Metapass) and Mobil standard (Text Parts Rocks) their, 1986 (Metapass) and

0500010202

TAN CHEINS CREET SURFARMANT 915 BURIT THAN ROAD SINGAPORE 580622 Underwitten by AIG Asia Pacific Insurance Pla. Ltd.

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Identification Card





Identification Card





























