

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 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.
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	30/10/2018 14:47
Date Of Accident	29/10/2018 18:15
Exact Location Of Accident	UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3210B
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Insured/Policyholder

Name Of Registered Owner	S.S.SATHAPPAN
NRIC No	S2205424D
Email Address	BONEJOINTSPECIALIST@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81263407
Alternative Phone No	Office-81263407

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	2100386373
Cover Note Number	

Driver

Name of Driver	S.S.SATHAPPAN
NRIC No	S2205424D
Date Of Birth	21/10/1971
Occupation	INDOOR
Date Of Driving Pass	02/09/1992
Driving Experience	26 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-81263407
Fax Number	
Contact Number	OFFICE-81263407
EEmail Address	BONEJOINTSPECIALIST@GMAIL.COM
Address	28 SUMMER PLACE
Postcode	555728
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	SLIGHT DRIZZLE
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
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 AS ATTACHED

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA7002M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HOCK MING
NRIC/Passport Number	S2504822I
Contact Number	96223713

Address	25 WOODLEIGH CLOSE #04-02
Postcode	357920
Insurance Company Name	Lonpac Insurance Bhd
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.

Signature
30/10/18

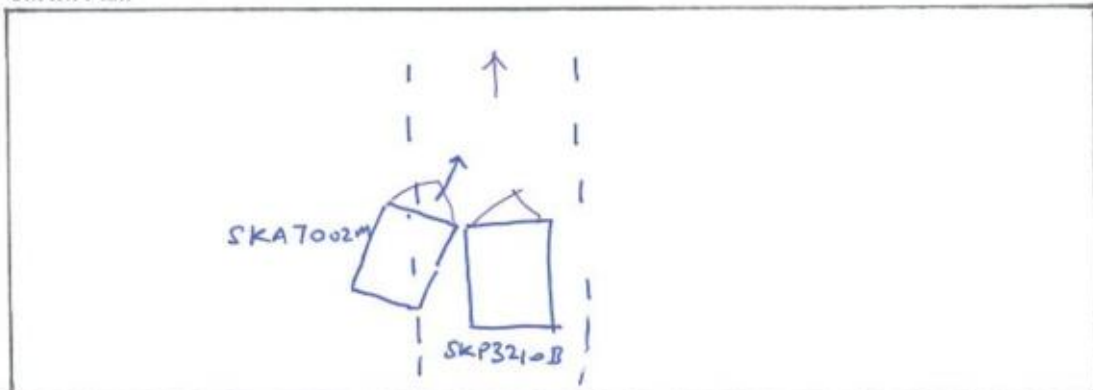
Francis Cher
Motor Claims Assessor
Borneo Motors (S) Pte Ltd

Policyholder's Signature / Date &
Time 9:15 AM

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

on 29/10/2018, I was driving on upper Serangoon Road along the middle lane. SKA 7002M driver was in the left lane. He was in the bus lane and trying to move from it. He drove fast from the left and cut into my lane abruptly. I alerted him by sounding my horn. Since he was driving fast his right side of his vehicle knocked onto my left side of my vehicle. This caused damage to the outer aspect of the wheel covering area with dent and scratches. There was also damage to my bumper. The video was shown to the driver and he acknowledged his mistake of cutting into my lane and asked me to proceed to claim from his insurance.

Declaration

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

 9.15AM

Policyholder's Signature / Date & Time

30/10/18

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

Witnessed by Reporting Centre Personnel

Francis Cher
Motor Claims Assessor
Borneo Motors (S) Pte Ltd



Accident Sketch Plan



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : S. S. Sathappan.
VEHICLE NUMBER : SKP 3210 B
DATE/TIME OF ACCIDENT : 611pm on 29/10/18
PLACE OF ACCIDENT : Upper Serangoon Road
THIRD PARTY VEHICLE (IF ANY) : SKA 7002M

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

1) Farrer Park Hospital
2) Driving to home 28 Summer Place, S(55728)

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

nil

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

while I was driving on my lane SKA 7002M
cut into my lane and knocked on the left side
of my vehicle

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

nil

Signature: Dr S. S. Sathappan

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : S S Sathappan
Period of Insurance : 25 Sep 2018 To 24 Sep 2019
Engine No. : 1ZRX448180
Chassis No. : MR053REH104516235

Vehicle No. : SKP3210B
Policy No. : 2100388373-04
Endorsement No. :
Issued Date : 20 Sep 2018

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL
Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2014
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes
Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is Under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1800cc Optional

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

S S Sathappan - \$500 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL
78 SHENTON WAY #07-16 AIG BUILDING
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SS/PC30

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AIG Asia Pacific Insurance Pte. Ltd.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2205424D

Name S S SATHAPPAN

Date of Birth 21-10-1971

Sex M

Country of Birth INDIA

Race INDIAN

28 SUMMER PLACE
SINGAPORE 555728
NRIC No: S2205424D

286201

NRIC No: S2205424D

16-11-1994

Date: 08/08/2017

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

