

## 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	10/01/2019 16:47
Date Of Accident	08/01/2019 14:30
Exact Location Of Accident	SINGAPORE GENERAL HOSPITAL OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP4646H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARIC MARKETING PTE LTD
Co Reg No	2XXXXX700D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97542285
Alternative Phone No	OFFICE-97542285

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994660
Cover Note Number	

### Driver

Name of Driver	SREENATH N PILLAY
NRIC No	SXXXX489G
Date Of Birth	29/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97542285
Fax Number	
Contact Number	OTHERS-97542285
Email Address	NOEMAIL

Address	BLK 520 SERANGOON NORTH AVENUE 4 #02-176
Postcode	550520
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SKX8469Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
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.
- (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.

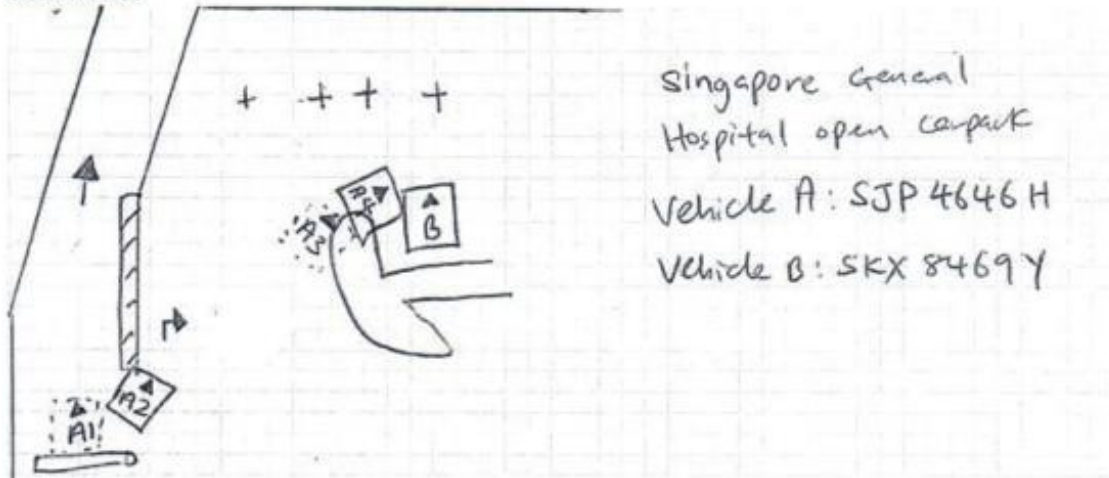
Maric Marketing Pte Ltd  
Co Reg. No 201620700D  
9 Tagore Lane #03-04  
Singapore 787472  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A is trying to go straight up the slope. My Vehicle suddenly gave way and skidded towards the right side. I was trying to go up the slope so I accelerated. It was a raining heavily too.

## DECLARATION

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

**Maric Marketing Pte Ltd**  
Co Reg No 201620700D  
9 Tagore Lane #03-04  
Singapore 787472  
Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 09/01/2019 1751pm

*[Signature]* 10/01/2019  
Reporting Centre Personnel's Signature  
Name: Karli  
NRIC/FIN No.:

ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9240489G



Name  
**GREENATH N PILLAY**

Race  
**INDIAN**

Date of birth  
**29-10-1992**

Sex  
**M**

Country of birth  
**SINGAPORE**

4123707

REPUBLIC OF SINGAPORE DRIVING LICENCE

PR No: S9240489G

GREENATH N PILLAY

DOB: 29 Oct 1992

Issue Date: 03 Jan 2014



002261541A

4123707



NRIC No: S9240489G



Date of issue  
**31-10-2007**

Address  
**APT BLK 520 SERANGOON NORTH AVENUE 4  
#02-170  
SINGAPORE 550520**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 03 Jan 2014

NP 425A

License No: S9240489G





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0030 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA419004501 Vehicle Registration No: SJP4646H  
Name(as shown in NRIC) : MARIC MARKETING PTE LTD NRIC/FIN/Passport No : 201620700D  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 9 TAGORE LANE #03-04 9 @ TAGORE Singapore(5787472 )  
Contact (Tel) : 8666 1789 Mobile No.: \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 08/01/2019 Time of Accident : 14:30  
Place of Accident : SINGAPORE GENERAL HOSPITAL OPEN CARPARK  
Insurance Company: AIG

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TO REPORTING ONLY

X Maric Marketing Pte Ltd  
Co Reg No 201620700D  
9 Tagore Lane #03-04  
Singapore 787472

Policyholder / Driver's Signature  
Date: 09/04/2020

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No. [Signature]  
Date: 13/04/2020