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 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.
- 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	05/01/2019 19:10
Date Of Accident	05/01/2019 14:30
Exact Location Of Accident	JUNCTION AT HAIG ROAD AND MUGLISTON ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDB9330E
Insured/Policyholder	
Name Of Registered Owner	VICKRUM MUTHSAMY P
NRIC No	S2566550C
Email Address	VICKV06@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96908217
Alternative Phone No	OFFICE-96908217
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI
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?	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

Cover Note Number

Driver

VICKRUM MUTHSAMY P Name of Driver

NRIC No S2566550C Date Of Birth 28/12/1964 Occupation **INDOOR** 01/03/1992 **Date Of Driving Pass**

Driving Experience 26 YEARS AND 10 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-96908217

Fax Number

Contact Number OFFICE-96908217 **EMail Address** VICKV06@GMAIL.COM Address 24 MUGLISTON ROAD

Postcode 437728

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : VIMMALLA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 5 JANUARY 2019, AT ABOUT 14: 28 HRS, I WAS DRIVING MY VEHICLE, SDB 9330 E AND MY VEHICLE WAS STATIONARY AT THE JUCNTION OF HAIG ROAD AND MUGLISTON ROAD. THERE WERE OTHER VEHICLES TURNING INTO MUGLISTON ROAD. SUDDENLY, I HEARD AND FELT A LOUD BANG AND IMPACT FROM THE REAR OF MY VEHICLE. I WENT TO CHECK THE REAR OF MY VEHICLE AND REALISED THAT THE DRIVER OF SDN 185 D HAD COLLIDED INTO MY VEHICLE. MY WIFE, VIMMALLA VICKRUM M, WAS THE PASSENGER IN MY VEHICLE AT THE TIME OF THE ACCIDENT.

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 SDN185D

Vehicle Make/Model/Colour MERCEDES BENZ / WHITE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHEW SUZETTE (ZHOU MENGRU)

NRIC/Passport Number S6934070I Contact Number 91509988

Address

Postcode
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
- 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:

- 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;
 - (li) 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
- 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: would have sexist than I

NRIC/FIN No.: 62987145X

Sketch Plan #2

SKETCH PLAN	
	A SOB 9336 E B SON 185 D
	To LSDN 18ED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

W
On 5 January 249, at about 14:28 hrs, I was driving my vehicle, SDB 93305
and my vehicle has tentionery at the junction of Haig Road and Mugliston Road. Her There were other vehicles turning into Mugliston Road. Suddenly, I fetter heard and felt a load rang and impact floor the rear of my vehicle. I went to check the rear fray vehicle and realized that the driver of SDN 1850 had callided into my vehicle. My wife, Vinnmalla vicenum M, was the passenger in my vehicle
the There were other vehicles turning into Mugliston Road. Suddenly, I fell a heard and
felt a load rang and jurged from the rear of my vehicle. I went to check the near
If my reliable and realized that the driver of SDN 1850 had callided into my
vehicle. My wife, Vinnmalla vicenum M, was the passenger in my vehicle
at the time of the accident.

DECLARATION

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

Policyhelder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: WOLL ETDAG SENG, Fleage NRIC/FIN NO.: G21871435

SIARNIC SketchPlanForm, V3















