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.

7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/01/2019 17:45
Date Of Accident	18/01/2019 11:30
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 2 CARPARK 2A
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC4112B
Insured/Policyholder	
Name Of Registered Owner	VELAMPARAMBIL SREEDHAR KISHORE BABU
NRIC No	S2713323A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81813591
Alternative Phone No	Office-81813591
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B180
Exact Purpose for which vehicle was being used at time of accident	
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
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100465439-02
Cover Note Number	
Driver	
Name of Driver	DHARANI KISHORE
NRIC No	S9373141G
Date Of Birth	13/06/1993

INDOOR

12/04/2017

1 YEAR AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-88680187

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 290D BT. BATOK EAST AVENUE 3 #07-364

Postcode 651290

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

isulance company of briver's own vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

2

NO

NO

1

NO

NO

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

nt

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

I WAS DRIVING IN THE CARPARK, CLIMBING FROM LEVEL 2 TO LEVEL 2M. I SLOWED DOWN AS I WAS REACHING THE TOP OF THE CLIM, CHECKED FOR CARS DRIVING ONE WAY (PERPENDICULAR ROAD TO MY CAR) AND CHECKED THE MIRRORS ON THE TOP ON WALL INFRONT OF ME AND PROCEEDED TO EDGE FORWARD AND TURN RIGHT. AS I WAS TURNING, I HEARD A LOUD BANG AND THE CARS JOLTED AS I WAS HIT BY ON-COMING CAR FROM MY BLINDSPORT. THE CAR HIT THE FRONT PASSENGER SIDE OF THE CAR (LEFT FRONT TYRE) WITH ITS FRONT DRIVER SIDE. I DID NOT HEAR ANY HONKING OR SEE ANY LIGHTS.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: REFER CSE AQ

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJN2996X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR CHU CHONG LAI

93218803

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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
- 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 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
 - (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
 - (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 masonably required for the purposes stated, or

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

Policyholder's Signature Date & Time

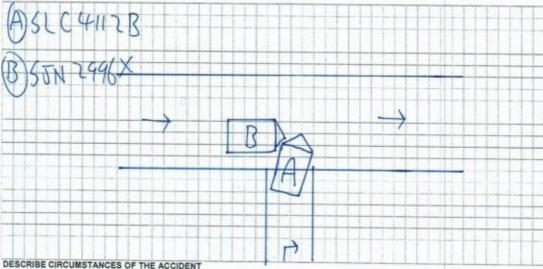
Driver's Signature

(If driver is not the policyholder)

Date & Time 18/01/19

16:35 h

Reporting Centre Personnel's
Name: Alan O



I was driving in the carpark, climbing from level 2 to level 2M. I storred Loven as I was reaching the top of the climb, checked for cars driving one may (perpendicular road to my car) and checked the mirron on the top on wall in front of me and proceeded to edge forward and turn right As I was turning, I heard a loud bang and the car jolted as I was hit by an oncoming car from my blindspot. The car hit the front passenger side of the car (left front tyre) with its front driver side. I did not hear any honking or see any lights.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time 18/01/19

16:35 h.

Reporting Centre Personne

Name: //(4n



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Velamparambil Sreedhar Kishore Babu

Period of Insurance : 13 May 2018 To 12 May 2019

Engine No. : 27091030912167

Chassis No. : WDD2462422J388370 Vehicle No. Policy No.

: SLC4112B : 2100465439-02

Endorsement No. Issued Date

: 06 Apr 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ B180 SEDAN STYLE

Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value First Year of Registration : 2016 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.

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 fullion, driving test, racing, pace-making, resistivity trial or speed-desting, the certage 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 2000cc

* Limitations rendered inoperative by Section 8 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 - \$1800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Named Driver and Excess (where applicable)

Volamparambil Sreedhar Kishore Babu - \$1800 (Own Damage)

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

Euros Service Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408650 67412338
 Panden Loop Service Center – Body Care & Repair (For accident reporting). Add: 188 Pandan Loop Singapore 128378 67778388

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.ag

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

Whe 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, 1969 (Malaysia)

0504380244

CYCLE & CARRIAGE - STAY 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Liscence Number: S 9 3 7 3 1 4 1 G

DHARANI KISHORE

Birth Date: 13 Jun 1993



FOR CSC VIG ONLY

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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

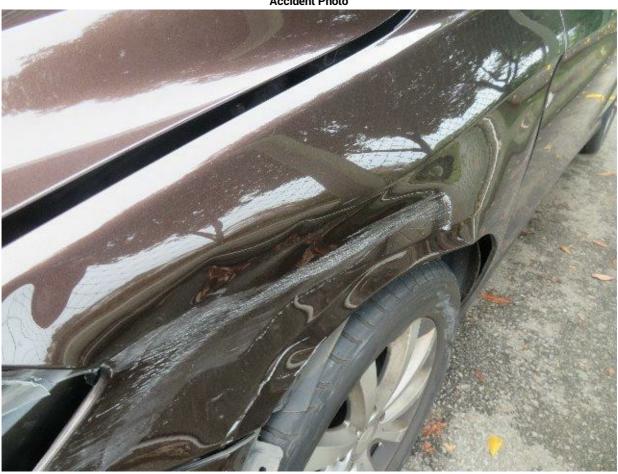
12 Apr 2017

FOR C&C USE ONLY

Licence No:S9373141G

NP 428A









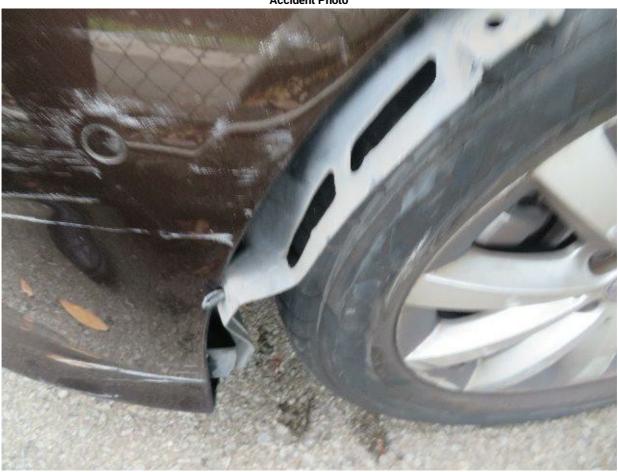








Accident Photo

















Accident Photo





