

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	16/02/2019 16:20
Date Of Accident	15/02/2019 20:05
Exact Location Of Accident	ALONG TAMPINES AVENUE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4607R
Insured/Policyholder	
Name Of Registered Owner	VASATHA KUMARI D/O SUNDRAM KATAMUTHU
NRIC No	S1690535F
Email Address	MAGVAS2@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94301632
Alternative Phone No	OTHERS-94301632

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER SPORTS
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	1700094398-01
Cover Note Number	

Driver

Name of Driver	BALAKRISHNAN MAGANTHIRAN
NRIC No	S1477377J
Date Of Birth	01/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1988
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94301632
Fax Number	
Contact Number	OTHERS-94301632
Email Address	MAGVAS2@YAHOO.COM.SG

Address	BLK 643 PASIR RIS DRIVE 10 #06-32
Postcode	510643
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	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : VASATHA KUMARI D/O SUNDARAM KATAMUTHU GENDER: : FEMALE
Passenger 2	NAME: : SHARMILLA D/O MAGANTHIRAN GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW649R
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBF9831D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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

IMPORTANT NOTICE

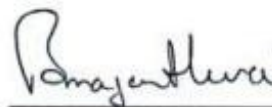
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8. Consent under the Personal Data Protection Act (PDPA)

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.

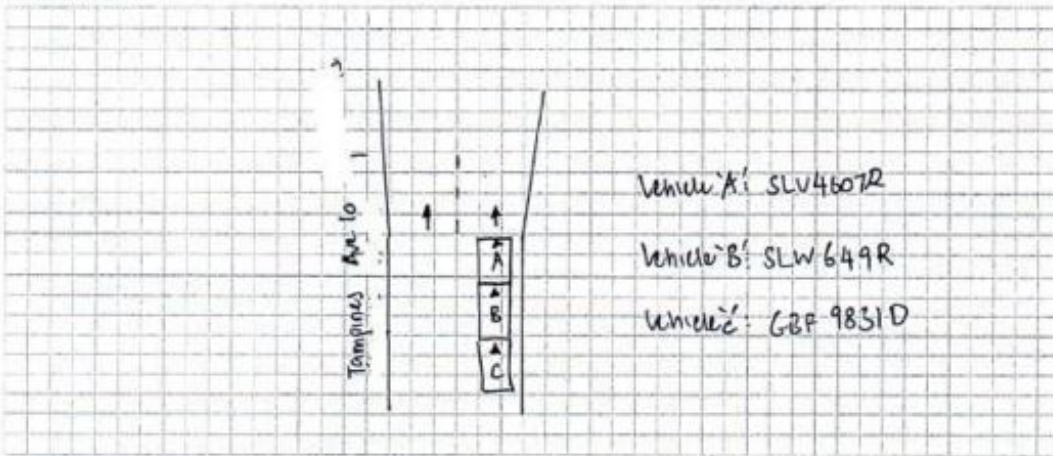

Policyholder's Signature
Date & Time:


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' was travelling on my designated lane along Tampines Ave 10.

The traffic in front of me slowed down as such I followed suit. As I was slowing down I suddenly felt a huge impact hitting me from behind. I got down to realized that vehicle 'C' has hit onto vehicle 'B' then hit onto me. That is all.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Rosa
NRIC/FIN No.: U90

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1477377J



Name
BALAKRISHNAN MAGANTHIRAN

ID கருந்திரன்

Race
INDIAN

Date of birth
01-12-1961

Sex
M

Country of birth
SINGAPORE

S1477377J

4908381



NRIC No. S1477377J



Date of issue
27-11-2012

Address
APT BLK 643 PASIR RIS DRIVE 10
#05-32
SINGAPORE S10643



**SINGAPORE
POLICE FORCE**



T/20190216/2073

1 of 2

POLICE REPORT (NP322)

Report No. T/20190216/2073

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Date/Time Report Made 16/02/2019 13:44		Vide Report No.		Station Diary No.	
Name Of Informant BALAKRISHNAN MAGANTHIRAN		Address APT BLK 643 PASIR RIS DRIVE 10 #06-32 SINGAPORE 510643			
ID Type / ID No. NRIC NO / S1477377J		Contact No. Home/Office		Mobile 94301632	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation SENIOR TECHNICAL EXECUTIVE		Sex Male	Age 57	Date of Birth 01/12/1961	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 16/02/2019 13:40 - 16/02/2019 13:40		Location Of Incident 643 PASIR RIS DRIVE 10 HDB-PASIR RIS SINGAPORE 510643			

Brief details.

I HAD LOST MY BELOW MENTIONED DRIVERS LICENSE AND COULD NOT FIND IT. I AM LODGING THIS REPORT FOR RECORD PURPOSES.

Property Information

Signature Of Officer Recording The Report: TP / MUHAMMAD SYUKRI BIN ABU BAKAR		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 16/02/2019 13:44	
Officer In-Charge Of Case: G DIV TIMOTHY LEE Contact No.:		Classification Of Case:	
Authentication Stamp		FUPD hotline number: 68429645	



**SINGAPORE
POLICE FORCE**

Signature: _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

