

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	25/01/2019 16:43
Date Of Accident	25/01/2019 09:30
Exact Location Of Accident	109 BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3677S
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Insured/Policyholder

Name Of Registered Owner	GOPALAKRISHAN MADURAIVEERASAMY
NRIC No	S7485958E
Email Address	MGOPALK@YAHOO.COM
Mobile Phone No	(LOCAL) +65-84255429
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (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?	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	1800131195
Cover Note Number	

Driver

Name of Driver	GOPALAKRISHAN MADURAIVEERASAMY
NRIC No	S7485958E
Date Of Birth	28/09/1974
Occupation	INDOOR
Date Of Driving Pass	12/02/2007
Driving Experience	11 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-84255429
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	MGOPALK@YAHOO.COM
Address	BLK 117 BEDOK NORTH ROAD #02-239
Postcode	460117
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	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)	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

WHEN I WAS TRAVELLING FROM HOME TO OFFICE,TOOK A RIGHT SIGNAL (WITH INDICATOR) AND CHECK FOR SPACE AND MOVE IN TO TURN AND SAW A (VEHICLE B) PC3039P ADVANCING FURTHER AND COLLIDE ON THE BACK OF MY CAR CAUSING A DAMAGE ON MY RIGHT SIDE PASSENGER DOORS AND OUTER FENDER. THERE WAS CAR (VEHICLE C) SBU9S ON MY LEFT LANE ON THE ROAD GOT SCRATCHED DUE TO MY CAR MOVED AWAY AFTER THE COLLISION WITH THE VAN.

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	PC3039P
Vehicle Make/Model/Colour	TOYOTA VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HASNI BINTI SIKIN

NRIC/Passport Number	S7100123G
Contact Number	91559821
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBU9S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH BOON HWEE (XU WENHUI)
NRIC/Passport Number	S7527782B
Contact Number	90927279
Address	BLK 488A FERNVALLE LINK #26-539
Postcode	791468
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION	
Date of Report:	25/01/2019
Date of Accident:	25/01/2019
Exact Location of Accident:	109 BEDOK NORTH ROAD
Time: 9:30	
DETAILS OF OWN VEHICLE	
Vehicle Registration Number:	SMF3677S
Name of Registered Owner:	GOPALAKRISHNAN MADURANEERASAMY
NRIC/Passport No./FIN:	S7485958F
Company Reg. No.(for Company Veh):	
VEHICLE PARTICULARS	
Manufacturer:	MIT SUBISHI
Model:	ATTRAAGE
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others
Are You Claiming Under Your Own Insurance?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input type="checkbox"/> NO 3rd Party
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle
INSURANCE DETAILS	
Name of Insurance:	AIG
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party
Policy Number:	1900131195
Driver when the Accident Happen	
Name of Driver:	GOPALAKRISHNAN MADURANEERASAMY
NRIC/Passport/Fin No:	S7485958F
Date of Birth:	28/09/1974
Occupation:	ENGINEER
Date of Driving Pass:	12/02/2007
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	84255499
Home No.:	-
Address:	BLK 117 BEDOK NORTH RD #02-239
Postal Code:	960117
Email Address:	mgopaik@yahoo.com
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured OWNED
Vehicle Registration Number of driver's Own Vehicle:	
Insurance Company:	
OTHER INFORMATION OF THE ACCIDENT	
Type of Accident:	CHAIN COLLISION
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify
Road Surface:	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Passengers(Including Driver):	1
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was there any video captured by your Camera?:	NO
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was there any audio recording?:	NO
Which Police Station:	
Was notice of Intended Prosecution given:	
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)	
Vehicle Registration Number:	PC 3039P
Name of Registered Owner:	
NRIC/Passport No./FIN:	
Company Reg. No.(for Company Veh):	
Name of Driver:	HASENI BINTI SIKIN
NRIC/Passport/Fin No:	S71001236
Mobile No.:	91559021
Home No.:	
Address:	
Postal Code:	
Email Address:	
Insurance Company:	
Details of Passenger if any	
Passenger Name:	
Contact Number:	
Gender:	
Details of Injured Person	
Name:	
Age:	
Address:	
Injured Sustained:	
Injured Person in which vehicle:	
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.



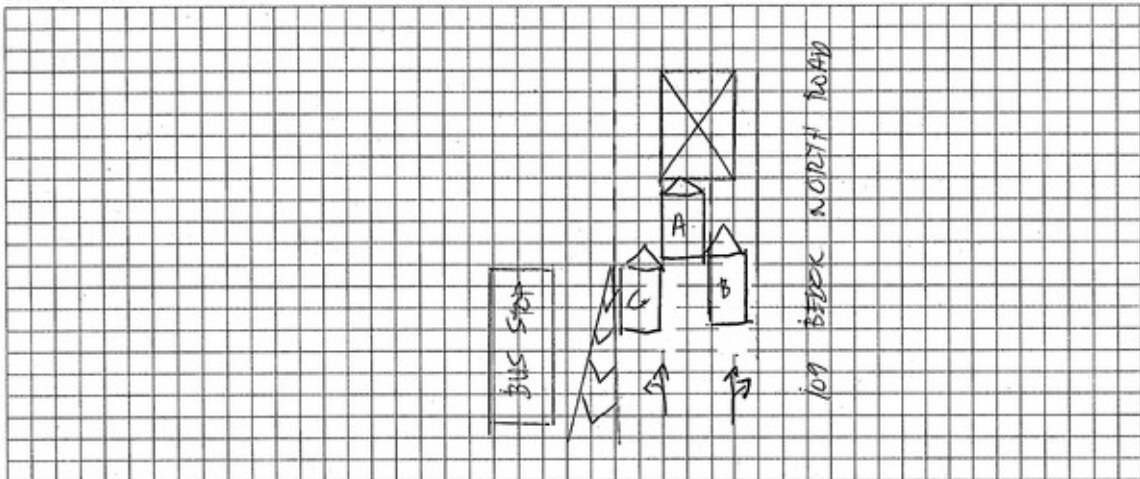
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was travelling from my home to office, took a right turn (with indicator) and look for space and move in to turn and saw a Vehicle B PC 3039P advancing further and collide on the back of my car causing a damage on my right hand side passenger doors and outer fender. There was cars on my left lane on the road got scratched due to my car moved away after the collision with the van.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

