

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	11/03/2019 16:01
Date Of Accident	10/03/2019 16:30
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7842H
Insured/Policyholder	
Name Of Registered Owner	SAMARPITA
Co Reg No	53316774D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67288104

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB TRIP
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1800001571
Cover Note Number	

Driver

Name of Driver	ABHIJIT BHAUMIK
NRIC No	S7162131F
Date Of Birth	08/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2012
Driving Experience	6 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98630771
Fax Number	
Contact Number	
EEmail Address	JAIPURJEET@HOTMAIL.COM
Address	BLK 659 WOODLANDS RING ROAD #08-168
Postcode	730659
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	9
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	4
Passenger 1	Name: : UNKNOWN Gender: : Female
Passenger 2	Name: : UNKNOWN Gender: : Female
Passenger 3	Name: : UNKNOWN Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	GBD6450A
Vehicle Make/Model/Colour	NISSAN /BLACK
Details Of Properties	CAR B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO KOK LEONG
NRIC/Passport Number	S1711640A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	HIT FROM BEHIND
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC2612R
Vehicle Make/Model/Colour	
Details Of Properties	CAR C
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AZMAN BIN MOHD
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJR3397Y
Vehicle Make/Model/Colour	
Details Of Properties	CAR I
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 4

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	CAR D
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 5

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties CAR E

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 6

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties CAR F

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 7

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties CAR G

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 8

Vehicle Registration Number UNKNOWN

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)

CAR H

PRIVATE CAR

DETAILS OF INJURED PERSON 1	
Name	PASSENGER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLV7842H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

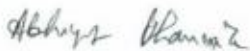
SKETCH PLAN

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 companies.
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:

- (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:

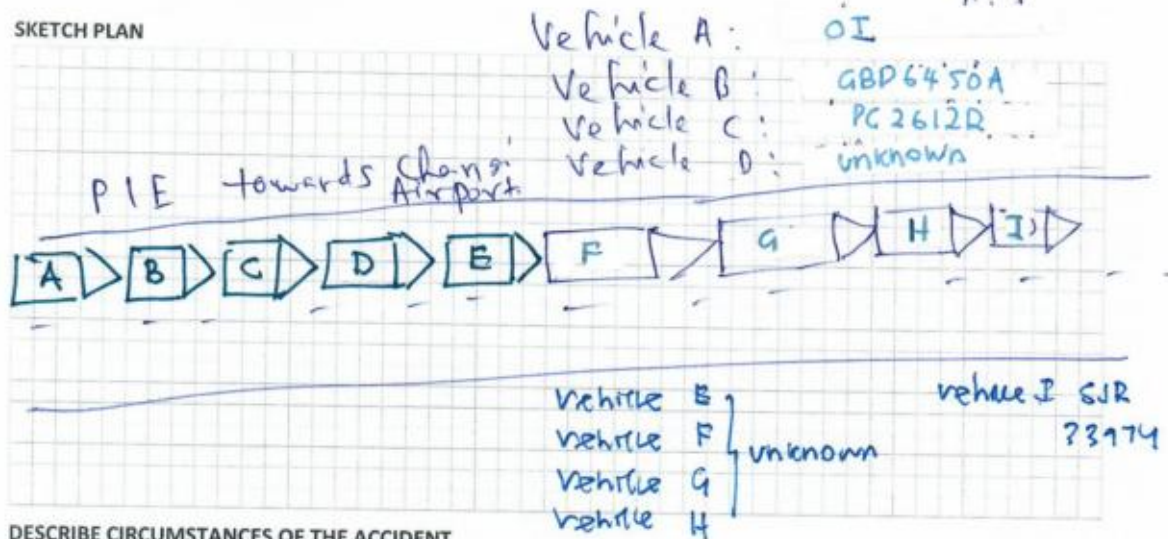


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/03/2019 at about 1630 hrs, I was driving along PIE towards Changi Airport. I was ferrying 3 passengers to Changi Airport. I was driving on the third lane and traffic was quite heavy. The vehicles ^{on road} were moving around 70 km/h. There was a black color van (GBD6450A) in front of me. Suddenly the van stopped a

Refer to police report.

DECLARATION

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

Abhishek Phani

Policyholder's Signature

Date & Time: 1245 HRS
11/03/2019

Abhishek Phani

Driver's Signature

(If driver is not the policyholder)
Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

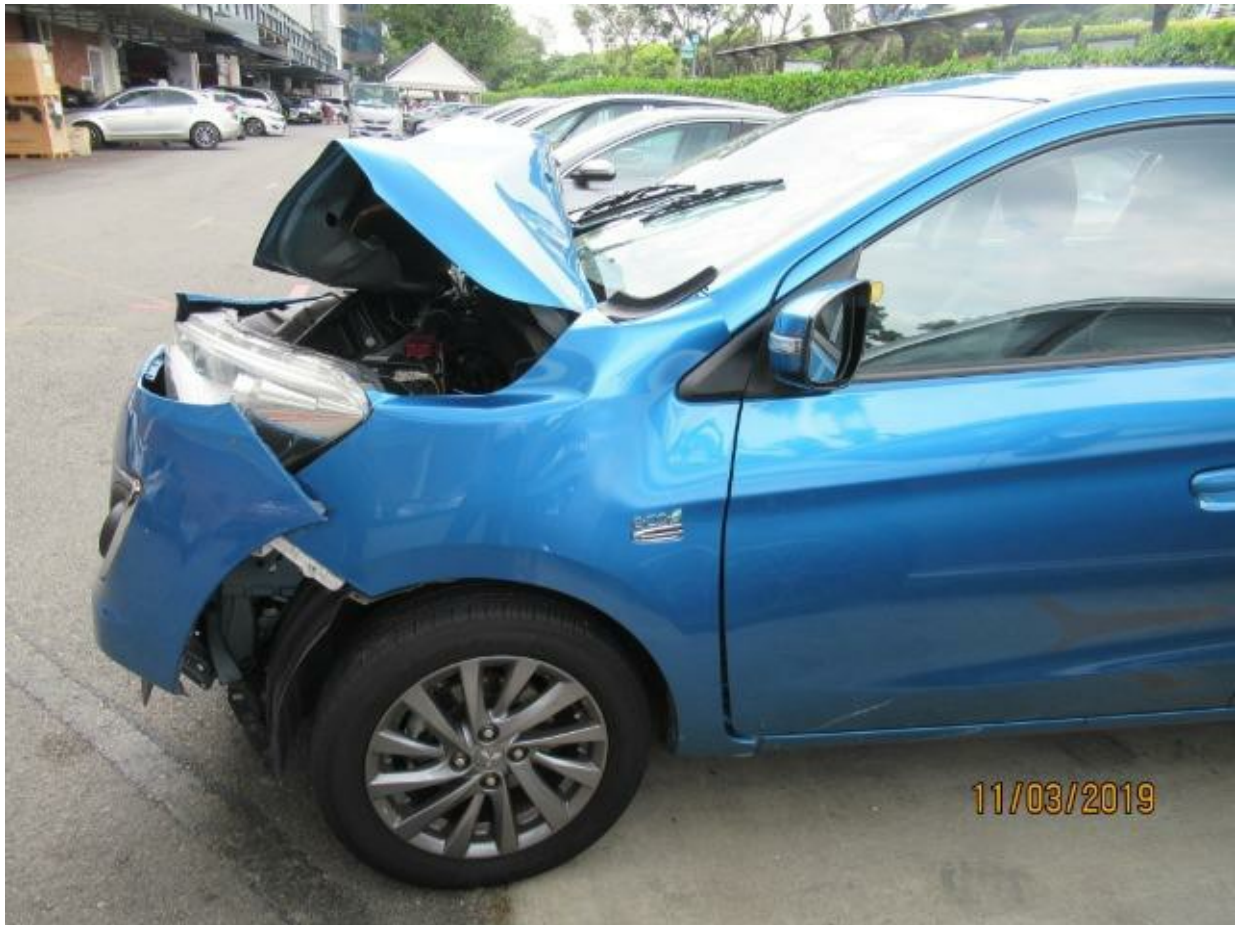
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



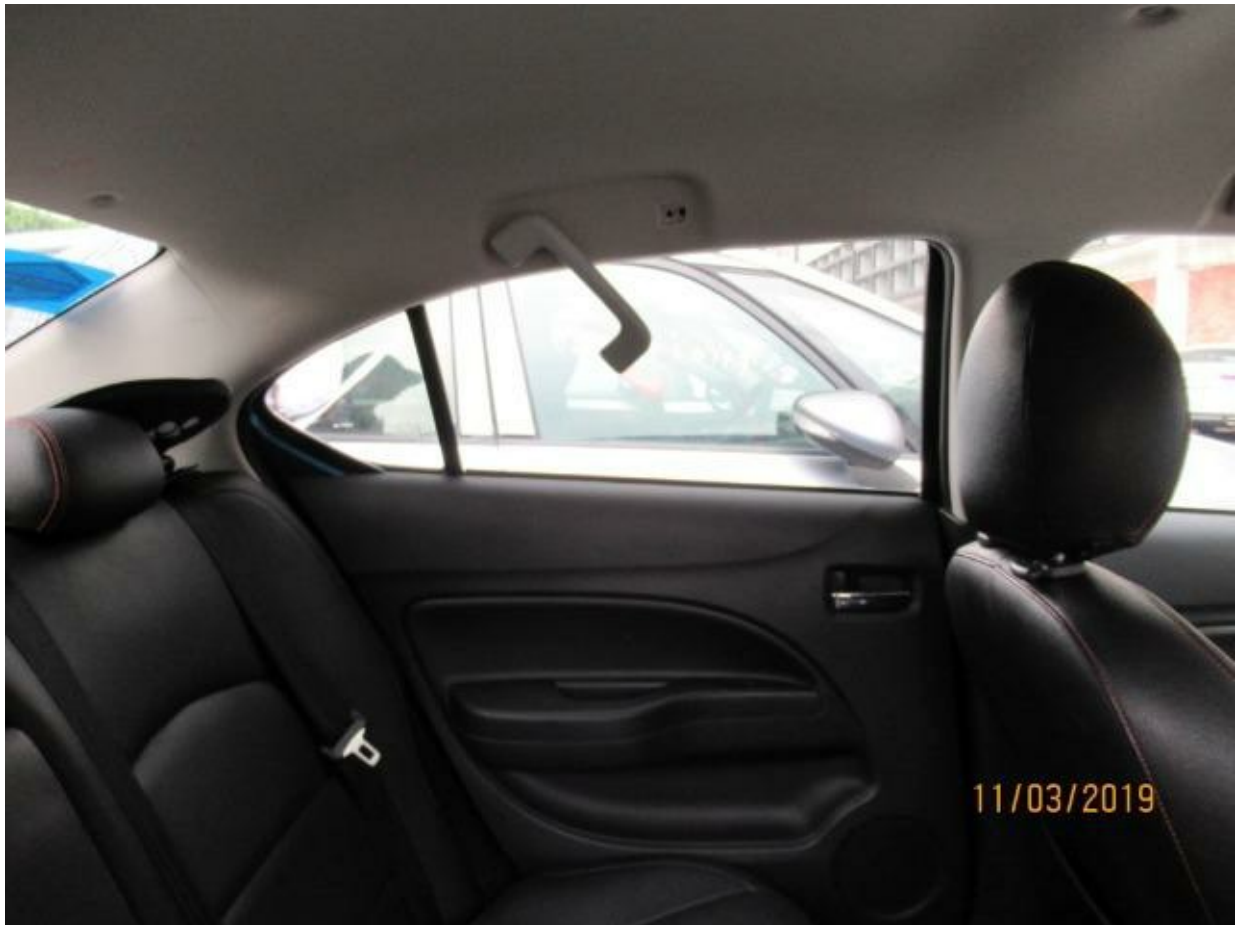
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190310/2122

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3
Report No. T/20190310/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2019 21:36		Vide Report No.:	Station Diary No.: 198
Informant's Particulars			
Name of Informant: ABHIJIT BHAUMIK		Address: APT BLK 859 WOODLANDS RING ROAD #08-168 SINGAPORE 730659	
ID Type / ID No.: NRIC NO / S7182131F		Contact No.: Home/Office: Mobile: 98630771	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 08/07/1971	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/03/2019 16:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Changi Lamp Post Number: 332				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6450A	Van	NISSAN			Seriously Damaged	1
SLV7842H	Car	MITSUBISHI	ATTRAGE		Seriously Damaged	3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190310/2122

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7879999

2 of 3

Report No. T/20190310/2122

CONTINUATION OF REPORT

Driver			
Name	Teo Kok Leong	ID No.	S1711640A
Related Vehicle	GBD6450A (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ABHIJIT BHAUMIK	ID No.	S7162131F
Related Vehicle	SLV7842H (Car)	Contact No.	98630771
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/03/2019 at about 1630hrs, I was driving along PIE towards Changi Airport. I was ferrying 3 passengers to Changi Airport. I was driving on the third lane and the traffic was quite heavy. The vehicles on road were moving around 70km/h. There was a black colour van (GBD6450A) in front of me. Suddenly, the van stopped and I was not about to stop in time to avoid the collision. As a result, the front of my car collided with the rear of the said van. After I alighted from my car, I then realized that there it was a chain collision involving 9 vehicles (including mine). One of my passengers was injured and had to be conveyed to hospital. Traffic police and ambulance came to scene as well. I am not sure if my in-car camera was recording, however I had removed the SD card.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190310/2122

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20190310/2122

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
L /
Sgt 2 KOH YAO ZU

Signature Of Informant:

Abhijit Plawank

Signature Of Interpreter:
Not applicable

Date/Time:
10/03/2019 21:36

Officer In Charge Of Case:
TP / GI/T /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:

Authentication Stamp
NP186

Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7162131F

ADHJIT SHAUMIK

FOR C&C



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

