

## 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	27/03/2019 21:27
Date Of Accident	27/03/2019 11:25
Exact Location Of Accident	JALAN PACHELI & TAI HWAN HEIGHTS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR2900P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THANGAVELU KRISHNA
NRIC No	S1049758B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96341954
Alternative Phone No	Others-96341954

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60-1.6 D2 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	2100401051-04
Cover Note Number	

### Driver

Name of Driver	RAJEEVI D/O MUNUSAMY
NRIC No	S2153949Z
Date Of Birth	20/04/1955
Occupation	INDOOR
Date Of Driving Pass	23/06/1997
Driving Experience	21 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96341954
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	29 TAI HWAN CLOSE
Postcode	555660
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	COLLISION - CROSS JUNCTION
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	2
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)	2
Passenger 1	Name: : AVANTIKA 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

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	SKP23U
Vehicle Make/Model/Colour	AUDI Q7
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRIS

NRIC/Passport Number	
Contact Number	98533333
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

<p>REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1049758B</p>  <p>Name <b>THANGAVELU KRISHNA</b> த கிருஷ்ணா Race INDIAN Date of birth 29-03-1951 Sex M Country/Place of birth SINGAPORE S1049758B</p>	<p>REPUBLIC OF SINGAPORE IDENTITY CARD NO. S2153949Z</p>  <p>Name <b>RAJEEVI D/O MUNUSAMY</b> MRS. RAJEEVI KRISHNA மு இராஜீவி Race INDIAN Date of Birth 20-04-1955 Sex F Country of Birth INDIA S2153949Z</p>						
<p>REPUBLIC OF SINGAPORE DRIVING LICENCE</p>  <p>RAJEEVI D/O MUNUSAMY Date of Birth: 20 Apr 1955 Issue Date: 19 Jun 2008 M1049758B</p>							
<p>5897989</p>  <p>NRIC No. S1049758B</p>  <p>Date of issue 23-03-2018 Address 29 TAI HWAN CLOSE SINGAPORE 555660</p>	<p>0739681</p>  <p>NRIC No. S2153949Z</p>  <p>Blood Group AB+ Date of issue 18-01-1993 Address 29 TAI HWAN CLOSE SINGAPORE 555660 NRC No. S2153949Z Date: 24-06-1999 No: 2587187</p>						
<p>YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)</p> <table border="1"> <thead> <tr> <th>Class</th> <th>Description</th> <th>PASS DATE</th> </tr> </thead> <tbody> <tr> <td>Class 3</td> <td>Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms</td> <td>23 Jun 1997</td> </tr> </tbody> </table> <p>NP 428A</p> <p>Licence No: S2153949Z</p> 		Class	Description	PASS DATE	Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Jun 1997
Class	Description	PASS DATE					
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Jun 1997					

# Accident Sketch Plan

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident Date: 21/03/2019 Time: 1125hrs.  
 Exact Location of Accident Pakeh Jln Pakeh & Tai Huan Heights

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR 2900P

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Thangavelu Krishna  
 Personal Identification - NRIC (Singaporean/PR) S1049758B  
 - FIN/Passport Number  
 - Not Applicable

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Volvo Model S60 D2  
 Type of Vehicle\* ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others, \_\_\_\_\_  
 Exact Purpose for which vehicle was being used at time of accident Social  
 Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☒ No (If No, Pls select: ☐ Third Party ☐ Reporting)  
 Vehicle Category\* ☒ Private ☐ Commercial ☐ Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company \* All  
 Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only  
 Fleet Policy ☐ Yes ☒ No  
 Policy Number 2100401051-04  
 Motor CI

## DRIVER

☐ Same as Insured above  
 Name of Driver Rajeevi D/o Munusamy  
 Personal Identification - NRIC (Singaporean/PR) S2153949Z  
 - FIN/Passport Number  
 Date of Birth 20 dd/ 04 mm/ 1955yy  
 Driving Date Pass 23 dd/ 06 mm/ 1997yy  
 Year of Driving Experience Year(s) Month(s)  
 Occupation ☒ Indoor ☐ Outdoor  
 Gender ☐ Male ☒ Female  
 Contact Number / Mobile Phone / Fax No. 96341 954

Address of Driver	39 Tai Hwan Close	
	Postcode (655660)	
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Spouse	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Front to Side	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
<b>OTHER INFORMATION</b>		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No Avanti (F)	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	02	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	SKP 234	
Vehicle Make/ Model/ Colour	Audi Q7	
Details of Properties		
Name of Driver	Chris	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number	9853 3333	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles )		

**Describe Circumstance of the Accident**

I was travelling along Jalan Pachei heading towards Tai Hwan Heights direction. As I was intending to make a right turn into Tan Hwan Heights, I slowed down and saw vehicle B driving pass from my right to left then I accelerated. However, the accident occurred. No one was injured.

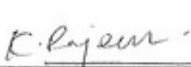
**IMPORTANT NOTE**

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

#### 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

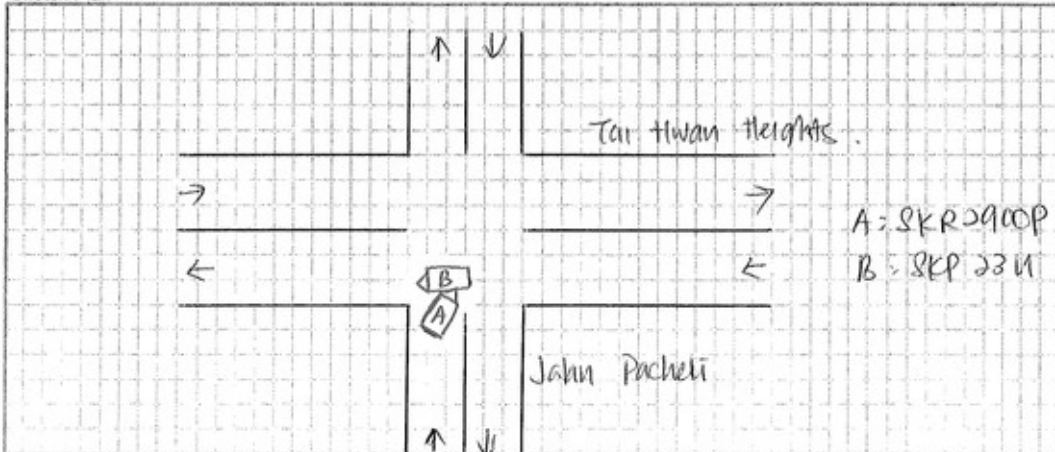
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Christina T  
Policyholder's Signature / Date & Time

K. Rajan  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan







# CERTIFICATE OF INSURANCE

## WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

**Name of Policyholder** : THANGAVELU KRISHNA  
**Period of Insurance** : 29 Jan 2019 To 28 Jan 2020  
**Engine No.** : D4162T3099017  
**Chassis No.** : YV1FS84ABF2351236

**Vehicle No.** : SKR2900P  
**Policy No.** : 2100401051-04  
**Endorsement No.** :  
**Issued Date** : 09 Jan 2019

### ABOUT THE COVER

**Make/Model** : VOLVO S60 D2  
**Engine Capacity/Tonnage** : 1,560.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2015  
**Insuring with COE/PARF** : Yes

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.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 30 years old and above

**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 tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage 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 - \$900 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

THANGAVELU KRISHNA - \$900 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Wearn's Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159935 64304890 63789350

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

We 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, 1959 (Malaysia).

0503485716

WEARNES AUTOMOTIVE - RL (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

SSPMLU

Accident Photo



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