

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	23/04/2019 14:51
Date Of Accident	19/02/2019 09:40
Exact Location Of Accident	ALONG MOULMEIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1938G
Insured/Policyholder	
Name Of Registered Owner	RAMAKRISHNA MISSION
Co Reg No	-
Email Address	ADMIN@RAMAKRISHNA.ORG.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62889077

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	REPORTING ONLY
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	2100441184-03
Cover Note Number	

Driver

Name of Driver	SWAMI SAMACHITTANANDA
Passport No/FIN	G7180868N
Date Of Birth	16/02/1962
Occupation	INDOOR
Date Of Driving Pass	23/07/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88775166
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	179 BARTLEY ROAD
Postcode	539784
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	50 SERANGOON AVE 2
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190313/2102

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	SJU7372B
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)

Accident Sketch Plan

SKETCH PLAN

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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 made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

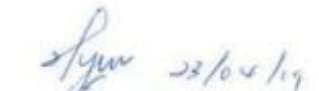
I understand, acknowledge, agree and consent that:

- (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.:

Accident Sketch Plan

SKETCH PLAN

NOT ABLE TO PROVIDE SKETCH PLAN.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached Police Report.

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:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190313/2102

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

2 of 3

Report No. T/20190313/2102

CONTINUATION OF REPORT

Brief Details.

On the 19/02/2019 at about 0940hrs, I was driving SKX1938G Along MOULMEIN ROAD Towards United square, right turn to Tan Tock Seng Hospital. As there were a few vehicles in front of mine and we were waiting to make a right turn into Tan Tock Seng Hospital vicinity, my vehicle was stationary and my foot was on the brakes. Suddenly my vehicle moved forward and lightly collided with a vehicle in front of mine. Subsequently, the said vehicle in front of mine, change its course onto the lane on the left and went straight instead. I then thought it was minor and continued my journey as the vehicle in front have already left. After which I checked my vehicle and there was a small dent on the front of my vehicle. Recently then I Received a letter from the traffic police inform that I was required to lodge an accident report about the said accident.

Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190313/2102

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3
Report No: T/20190313/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2019 15:40	Video Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: SWAMI SAMACHITTANANDA			Address: C/O 175 Bartley Road SINGAPORE		
ID Type / ID No.: FIN NO / G7180668N			Contact No.: Home/Office: Mobile: 88775166		
Nationality: INDIAN			Email:		
Sex: Male	Age: 57	Date of Birth: 16/02/1952	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: MONK			Driving Licence Information: Class: 3C Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/02/2019 09:40	Type of Location:
Location: MOULMEIN ROAD MOULMEIN ROAD Towards United square, right turn to Tan Tock Seng Hospital.				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKX19383	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190313/2102

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880599

2 of 3

Report No. T/20190313/2102

CONTINUATION OF REPORT

Brief Details.

On the 16/02/2019 at about 0840hrs, I was driving SKX1938G Along MOULMEIN ROAD Towards United square, right turn to Tan Tock Seng Hospital. As there were a few vehicles in front of mine and we were waiting to make a right turn into Tan Tock Seng Hospital vicinity, my vehicle was stationary and my foot was on the brakes. Suddenly my vehicle moved forward and lightly collided with a vehicle in front of mine. Subsequently, the said vehicle in front of mine, change its course onto the lane on the left and went straight instead. I then thought it was minor and continued my journey as the vehicle in front have already left. After which I checked my vehicle and there was a small dent on the front of my vehicle. Recently then I Received a letter from the traffic police inform that I was required to lodge an accident report about the said accident.

Police Report



SINGAPORE
POLICE FORCE



T20190313/2102

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
555129
Tel No: 1800-4880999

3 of 3

Report No: T20190313/2102

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:

F /

Sgt 2 LIM HAO JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/03/2019 15:40

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

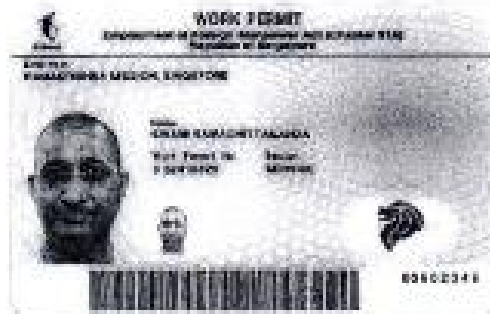
Authentication Stamp

NP193

Driving License



Identification Card



Handwritten signature

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119052547 Vehicle Registration No: SKX19386
Name(as shown in NRIC) : SWAMI SAMACHITANANDA NRIC/FIN/Passport No : G7180868N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 179 BARTLEY RD Singapore(539784)
Contact (Tel) : _____ Mobile No.: 88775166
Email Address : _____
Date of Accident : 19/04/19 Time of Accident : 09:40
Place of Accident : ALONG MOUNTAIN RD
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND DATE OF ACCIDENT
EXACT PURPOSE FOR WHICH UCH USED AT TIME
OF ACCIDENT

Policyholder / Driver's Signature
Date:

2/10/23 10:19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: