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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/04/2019 14:41
Date Of Accident	18/04/2019 07:20
Exact Location Of Accident	PIE (CHANGI) BEFORE LORNIE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME2015P
Insured/Policyholder	
Name Of Registered Owner	RAMASAMY SILVAM
NRIC No	S0232249H
Email Address	RSILVAM111@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97500908
Alternative Phone No	OFFICE-67539546
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI 8W
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	1800109904
Cover Note Number	

Driver

Name of Driver RAMASAMY SILVAM

NRIC No S0232249H
Date Of Birth 24/05/1954
Occupation INDOOR
Date Of Driving Pass 28/07/1979

Driving Experience 39 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97500908

Fax Number

Contact Number OFFICE-67539546

EMail Address RSILVAM111@GMAIL.COM

Address BLK 359 ADMIRALTY DRIVE #12-192

Postcode 750359

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

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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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 18 APRIL 19, I WAS DRIVING MY CAR (SME2015P) ALONG PIE IN THE DIRECTION TOWARDS CHANGI AIRPORT. AT ABOUT 7.20 AM WHILE I WAS AT POINT AT 3RD LANE IN PIE AND ABOUT 2 KM AWAY FROM LORNIE RD EXIT, I HALTED MY CAR BEHIND ROWS OF SEVERAL CARS IN OF FRONT OF ME. THE TRAFFIC FLOW AS SLOW HENCE CARS IN FRONT OF ME BEEN IN HALT. ABOUT 10 SECS AFTER I HAVE HALTED (IN STATIONARY STATE) MY CAR WAS HIT WITH A HEAVY IMPACT BY A CAR (SJQ5681T) ONTO MY CAR BUMPER. (AT THE REAR) THE DRIVER OF SJQ5681T (MR MAH PENG SIH) SAID SORRY TO ME. WE EXCHANGED PARTICULARS AND CONTACT NUMBERS. TWO TRAFFIC POLICE OFFICERS ARRIVED AT SCENE TO GUIDE THE ONCOMING VEHICLES. I ADVISED MR MAH PENG SIH. I WILL BE SENDING MY CAR FOR AN INSPECTION & WILL PROCEED TO MAKE AN ACCIDENT REPORT. ADVISED HIM TO DO ACCIDENT REPORT AS WELL. AT ABOUT 11.15 AM I DROVE MY CAR TO THE AUDI CENTRE @ UBI AVE FOR ACCIDENT DAMAGE INSPECTION.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJQ5681T

Vehicle Make/Model/Colour HYUNDAI AVANTE/GREY LIGHT

Details Of Properties

Address

Vehicle Category PRIVATE CAR
Name of Driver MAH PENG SIH
NRIC/Passport Number S2012363Z
Contact Number 97829678

BLK 666B JURONG WEST ST 65

#08-203

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

642666 ERGO INSURANCE PTE. LTD.

Sketch Plan

SKETCH PLAN

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 interested parties.
- 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 "...
 - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Groups Volume

NRIC/FIN No.: 62487434



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

00	18 Apr 19. I was driving my car (SME 2015P) along PIE in The
for	more direction towards Changi Axporti
	At about 7:20 cm while I was at a point @ 3 cd lane
	in PIE and about 2 Km away from LORNIE ADAL exit,
	I helted my cer belied rows of several cass in front of me.
	The traffic flow as 800 - here cars in fort of me hatted
	been in halt.
	About 10 secs offer I have halted (in stationary state)
	my to car was hit with a heavy impact by a car (SJQ S
	on to my car bumber (at the 1901).
	The drive of SJO JOSIT (MR Mah Peng Sih) said Solly to
	We excharged fatiular and contact numbers. Two traffic patrice
	officers alrived a scene to guide The orcoming vehicles.
	I advised MR man PerySih. That I will be sending my car
	for an inspection & proceed will proceed to make an Ficial teppor
	Advised him to do accident seport as well.
	At about 11:15 cm - I nouse drove my cor to the
	Audi Centre C Ubi Ave - for accident dances inspection.
	D /

DECLARATION

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

Policyholder's Signature 12:57 pm Date & Time:

Driver's Signature (If driver is not the policyholder)

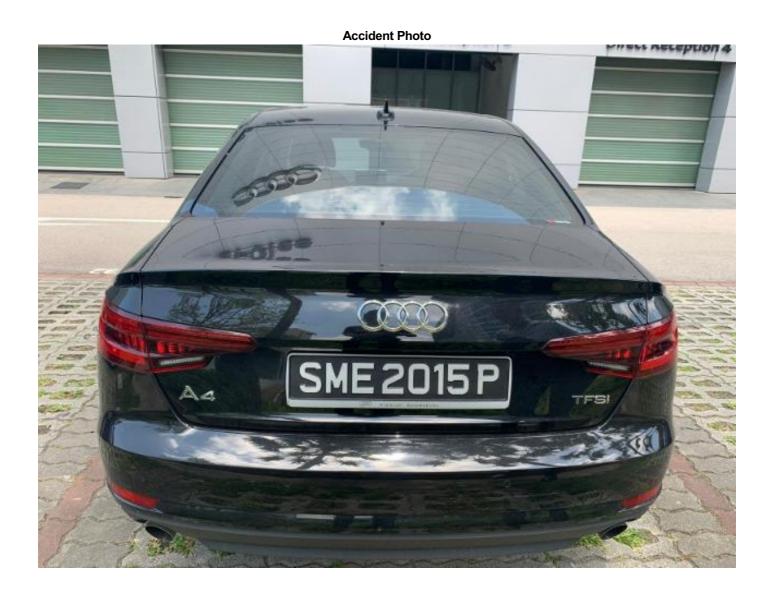
Date & Time:

Reporting Centre Personnel's Signature Name: 1046-15 George Gray NRIC/FIN No.: G 7187/146



















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Chassis No:	WAUZZZF46JA232963
Chassis No:	
Engine No: in pollogo	CVK 068899 IND and Inev
Engine No: Warranty Expiry:	20/09/2023
Engine No: in pollogo	CVK 068899 20/09/2023 0.00
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Engine No: Warranty Expiry: Time In: Completion Time:	CVK 068899 20/09/2023 0.00 ice Advisor C
Engine No: Warranty Expiry: Time In: Completion Time: Service Advisor: Serv	CVK 068899 20/09/2023 0.00 ice Advisor C