

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	15/05/2019 18:20
Date Of Accident	14/05/2019 22:15
Exact Location Of Accident	PENANG ROAD IN FRONT OF PARK MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP7015Y
Insured/Policyholder	
Name Of Registered Owner	PERIAKARUPPAN
NRIC No	S1317758I
Email Address	CHARAN703324@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83227047
Alternative Phone No	OFFICE-83227047

Vehicle Particulars

Manufacturer	AUDI
Model	A4-2.0 MU TFSI (8E) (A)
Exact Purpose for which vehicle was being used at time of accident	SELF
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	1700041180-01
Cover Note Number	

Driver

Name of Driver	LAKSHMI PERIYAKARUPPAN
NRIC No	S2197957J
Date Of Birth	12/04/1959
Occupation	INDOOR
Date Of Driving Pass	25/04/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83227047
Fax Number	
Contact Number	
EEmail Address	CHARAN703324@GMAIL.COM

Address	BLK 7 TONG WATT ROAD #08-03
Postcode	238002
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	SIDE SWIPE
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: : KAMADA 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

I WAS TURNING RIGHT INTO PENANG ROAD THEN KEPT ON THE SECOND LANE TO TURN LEFT INTO CLEMENCEAU ROAD TOWARDS HAVELOCK ROAD. I WAS IN MY LANE AND THE TAXI ON MY LEFT WAS GOING TOO FAST AND CUT INTO MY LANE THOUGH THERE WAS NO SPACE TO CUT IN YET HE SWITCHED LANES TOO FAST. THERE WAS A CONTACT BETWEEN BOTH CARS. THERE WAS NO SPACE TO CUT IN DUE TO THE SPACING OF THE CARS AND THE TAXI TRIED TO SWITCH LANES ON A CURVE BETWEEN A JUNCTION. *POLICYHOLDER IS CURRENTLY UNABLE TO SIGN DUE TO BEING HOSPITALISED.

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	SHC3897Z
Vehicle Make/Model/Colour	BLUE HYUNDAI COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

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

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)**

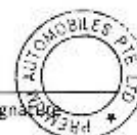
I understand, acknowledge, agree and consent that:

- (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:

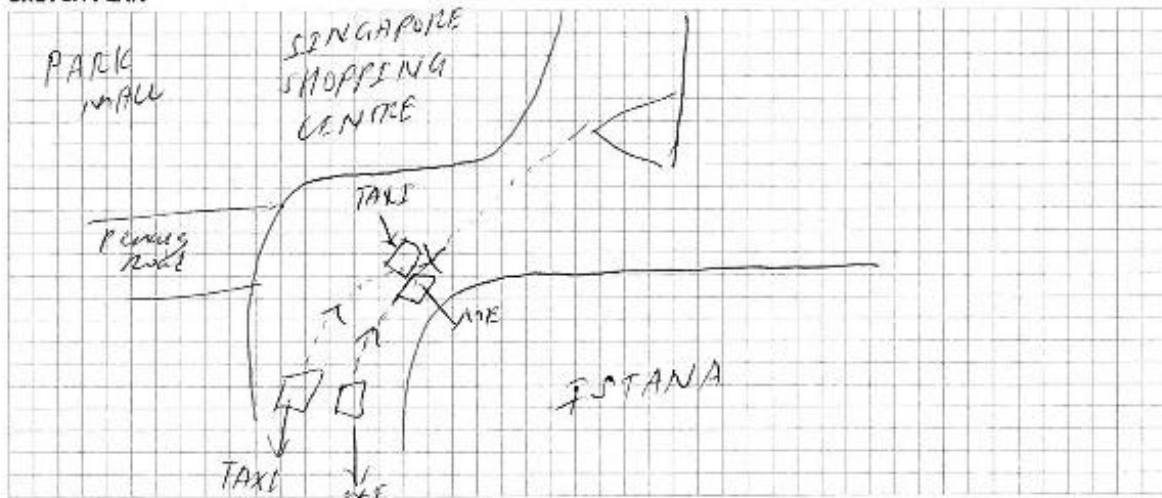
P. Sekshini
Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/5/19

[Signature]
Reporting Centre Personnel's Signature
Name: NG Kewji
NRIC/FIN No.: S91443410



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning right into Penang Road then kept on the second lane to turn ^{left} into Clemenceau Road towards Macleod Road. I was in my lane the Taxi on my ~~right~~ ^{left} was going too fast and cut into my lane though there was no space to cut in yet he switched lanes too fast. There was a contact between both cars. There was no ~~time~~ space to cut in due to the spacing of the cars and the taxi ~~had~~ tried to switch lanes on a curve between a junction.

Policy holder is currently unable to sign due to being hospitalised.

DECLARATION

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

Policyholder's Signature

Date & Time:

P. Lakshmi

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/5/19 1200 Hrs

Reporting Centre Personnel's Signature

Name: NG KIM J

NRIC/FIN No.: S91443410



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



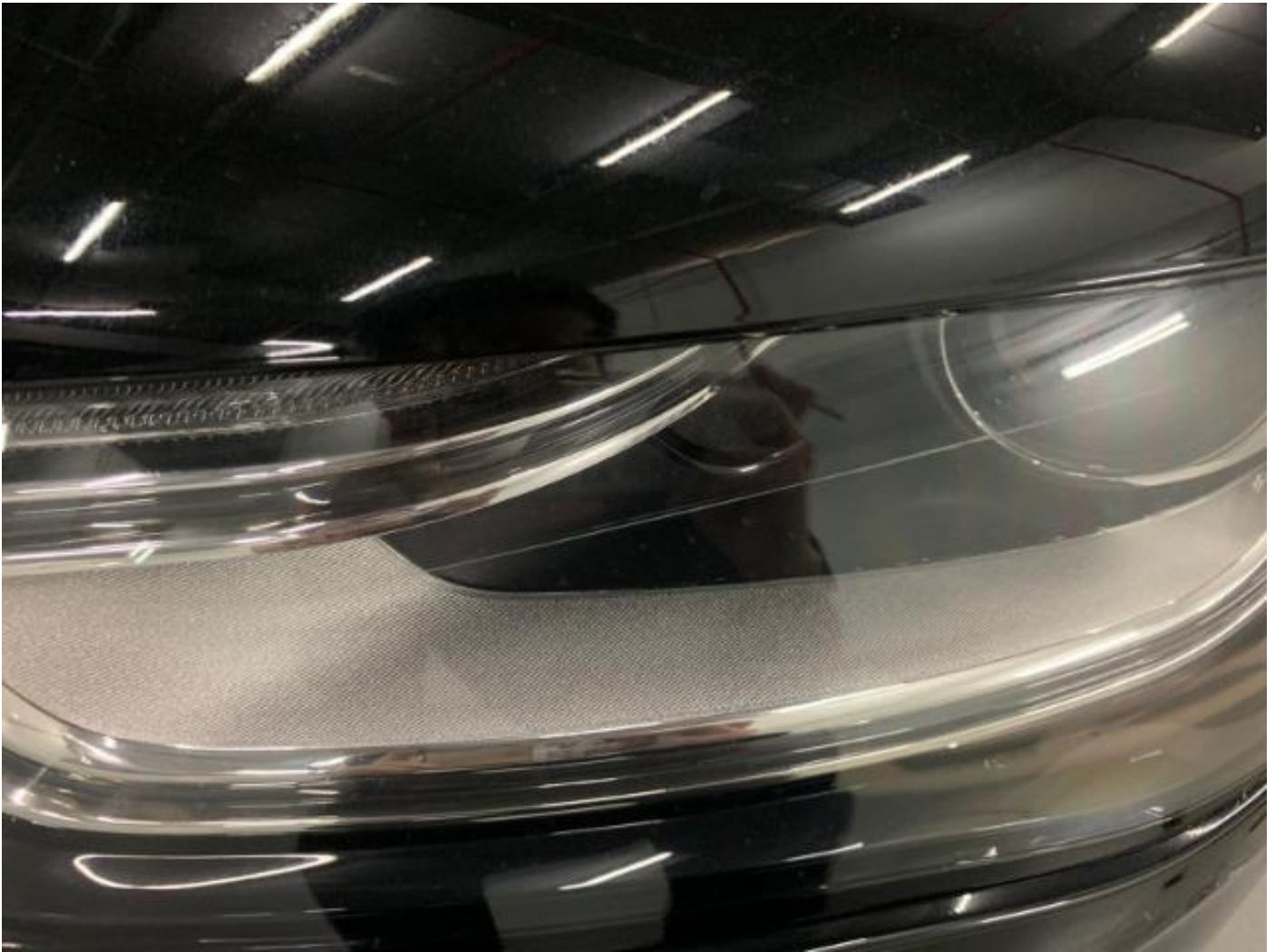
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #11-09 Singapore 048591
 Tel: (65) 6224 0014 Fax: (65) 6224 0010
 Operating hours: Monday to Friday, 09:00 - 17:00
 UEN: S66862905 / GST Reg. No: S640001770

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 : MPA119063420 Vehicle Registration No: SKP7015Y
 Name (as on NRIC) : PERIAKARUPPAN NRIC/Fin/Passport No : S1317758I
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 7 TONG WATT ROAD #08-03 Singapore (238002)
 Contact (Tel) : 83227047 Mobile No. : _____
 Email Address : CHARAN703324@GMAIL.COM
 Date of Accident : 14/05/2019 Time of Accident : 2215HRS
 Place of Accident : PENANG ROAD IN FRONT OF PARK MALL
 Insurance Company : AIG ASIA PACIFIC INSURANCE PTE LTD

(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:

AMENDMENT CLAIM FROM TP CLAIM TO Repairing Only

Policyholder / Driver's Signature
 Date

Reporting Centre Personnel's Signature
 Name Ng Keesi
 NRIC/Fin No : S9144341D
 Date