#### 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	17/05/2019 11:41
Date Of Accident	16/05/2019 18:30
Exact Location Of Accident	JURONG EAST ST 21 BLK 205 CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ1900P
Insured/Policyholder	
Name Of Registered Owner	RAJAN RAGHUPATHY
NRIC No	S2655084Z
Email Address	R.RAGHAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90091672
Alternative Phone No	HOME-68994851
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
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	1700022197-01

#### **Driver**

Cover Note Number

Name of Driver RAJAN RAGHUPATHY
NRIC No S2655084Z

Date Of Birth 10/07/1967
Occupation INDOOR
Date Of Driving Pass 21/02/2003

Driving Experience 16 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90091672

Fax Number

Contact Number HOME-68994851

EMail Address R.RAGHAM@GMAIL.COM

Address BLK 205 JURONG EAST STREET 21

#02-157

Postcode 600205

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 COLLISION - MAJOR/MINOR RD

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 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

#### **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**

AFTER RETURNING BACK FROM OFFICE, I PARKED MY CAR NEAR MY HOME WHERE BLK 205 JURONG EAST STREET 21 S(600205) AT AROUND 1830PM ON 16/05/2019. AGAIN I WANTED TO GO AND MEET MY FRIEND, I SAW THERE WAS A LORRY PARKED AT VERY CLOSELY TO REAR OF MY CAR.I WENT AND LOOKED CLOSELY, THERE WAS A DENT ALREADY. SUBSEQUENTLY I CALLED OTHER PARTY AND TOLD ABOUT THE DAMAGES. INITIALLY THEY DENIED, THEN LATER I EXPLAINED ABOUT THEIR VEHICLE HIT THE REAR TO MY BACK. THEN WE EXCHANGED OUR PARTICULARS. I HAVE SUBMITTED THE VIDEO FOOTAGE AND PHOTOS OF THE DAMAGES.

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: UNABLE TO UPLOAD.

Was there any audio recorded? NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBE6742C

Vehicle Make/Model/Colour LORRY

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 98336141

Address Postcode

# AXA INSURANCE PTE LTD

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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

Date & Time: 18 05 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

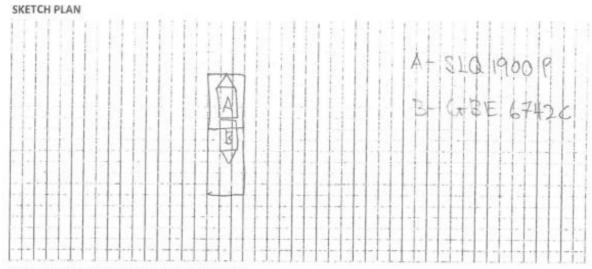
Reporting Centre Personnel's Signature

NAME: Kelvin Khou NRIC/FIN NO.: G8768 902L

.....

Page 4 of 16

### Sketch Plan #2



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After returns back from office. I poised my
Con new my home where ble DOC Jung Cast.
51.21 5 (6002-5) At around 1830 pm
Again & wasted to go and more my fiel
9 the saw three was long powers of von the
Though and lovel classey, there was
dat al rear
Sungaguraly I called other party out
-told about the Lamneses, Initially they Limited
from later I explain chart then I veal while
Rear to my back, then we exchange our
I have submitted the video foutage on ?
photoe of the dames.

DECLARATION

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

Policyholder's Signature

Date & Time: 18/15/2019

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: 火といん 以んの NRIC/FIN No.: よそ6890ント





















