

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	28/05/2019 11:11
Date Of Accident	25/05/2019 17:20
Exact Location Of Accident	ALONG WOODLANDS AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ5457R
Insured/Policyholder	
Name Of Registered Owner	PERIASAMY MUTHUKUMAR
NRIC No	S7779427A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92709701
Alternative Phone No	OFFICE-92709701

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	2100449211-03
Cover Note Number	

Driver

Name of Driver	PERIASAMY MUTHUKUMAR
NRIC No	S7779427A
Date Of Birth	12/07/1977
Occupation	INDOOR
Date Of Driving Pass	06/02/1999
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92709701
Fax Number	
Contact Number	OFFICE-92709701
Email Address	NOEMAIL

Address	BLK 544 WOODLANDS DRIVE 16 #04-107
Postcode	730544
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 - 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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER 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

PLEASE REFER TO SKETCH PLAN

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	FZ2724Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

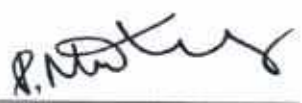
SKETCH PLAN

IMPORTANT NOTICE


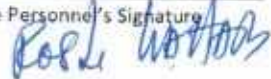
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

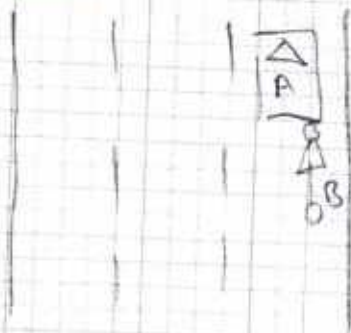

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

Woodwards Avenue 2



A: SKI 5457 R

B: FZ 2724 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date & time, I was travelling on lane 1 when suddenly I felt an impact on the rear. Vehicle B bump into my right rear. I like to state that I kept within my lane.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25/05/2019 (dd/mm/yy) Time of Accident: 17:20 (24-HR-FORMAT)

Vehicle No.: SKZ 5457 R Vehicle Make & Model: Hyundai elantra

Exact location of Accident: Woodland ave 2

Policyholder's Name / IC No.: Periasamy Muthukumar S7779427A

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 92709701

Company Contact No: _____

Driver's Address: Blk 544 Woodlands drive 16 #04-107 s730544

Insurance Company: AIG

Email address (if any): _____

Relationship between Owner & Driver:

Owner

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor/ ☐ Outdoor

No. of Passengers (Including Driver): 3

Passenger Name :² _____

Passenger Name : _____

Gender : Female

Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: FZ 2724 Z

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____


Driver's Contact No: _____ Insurance Company (If any): _____


*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7779427A







Name
PERIASAMY MUTHUKUMAR
பெரியசாமி முத்துக்குமார்
Race
INDIAN
Date of birth
12-07-1977
Country of birth
INDIA

Sex
M
S7779427A

REPUBLIC OF SINGAPORE
DRIVING LICENCE



Licence Number
S7779427A
Name
PERIASAMY MUTHUKUMAR
Birth Date
12 Jul 1977
Issue Date
02 May 2014


002301329E

For LKK/NAC Use Only


8035943


NRIC No. **S7779427A**

Date of issue
05-09-2007
APT BLK 544 WOODLANDS DRIVE 18 #04-107
SINGAPORE 730544
NPIC No. **S7779427A**
Date: **13/06/2010**
No. **6585996**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)
EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 06 Feb 1999
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 06 Feb 1999

NP 428A

Licence No. S7779427A



CERTIFICATE OF INSURANCE

HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Periasamy Muthukumar
Period of Insurance : 27 Jan 2019 To 26 Jan 2020
Engine No. : G4FGFU060431
Chassis No. : KMHDH41CMGU653715

Vehicle No. : SKZ5457R
Policy No. : 2100449211-03
Endorsement No. :
Issued Date : 07 Jan 2019

ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA ELITE

Engine Capacity/Tonnage : 1,591.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2016

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

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 "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

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 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) 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 - \$0 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$0

Named Driver and Excess (where applicable)

Periasamy Muthukumar

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

1. Komoco Motors Pte Ltd. Add: 253 Alexandra Road Singapore 159936 64735588

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

I/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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500561344

KOMOCO TRADING PTE LTD-SRL

253 ALEXANDRA ROAD

SINGAPORE 159936 AYSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anil

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP