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 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.

ACCIDENT STATEMENT	
Date Of Report	28/05/2019 10:26
Date Of Accident	27/05/2019 07:45
Exact Location Of Accident	ADMIRALTY DRIVE INFRT BLK 469 LP/33
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGU5681H
Insured/Policyholder	
Name Of Registered Owner	SHALINI D/O MARIMUTHU
NRIC No	S8817906D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91055587
Alternative Phone No	OFFICE-91055587
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	1700003923-02
Cover Note Number	-
Driver	
Name of Driver	VINOD KUMAR S/O YOUMA GHANDAN
NRIC No	S8716330Z
Date Of Birth	04/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91055587
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 127 MARSILING RISE #01-346
Postcode	730127
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SLE487K
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM7614Y
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)	

DETAILS OF INJURED PERSON 1

Name	VINOD KUMAR S/O YOUMA GHANDAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGU5681H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Accident Sketch Plan

SKETCH PLAN

Vehicle A: SGU5681H
Vehicle B: SLE487K
Vehicle C: SLM7614Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Admiralty Dr

Refer To Police Report

DECLARATION

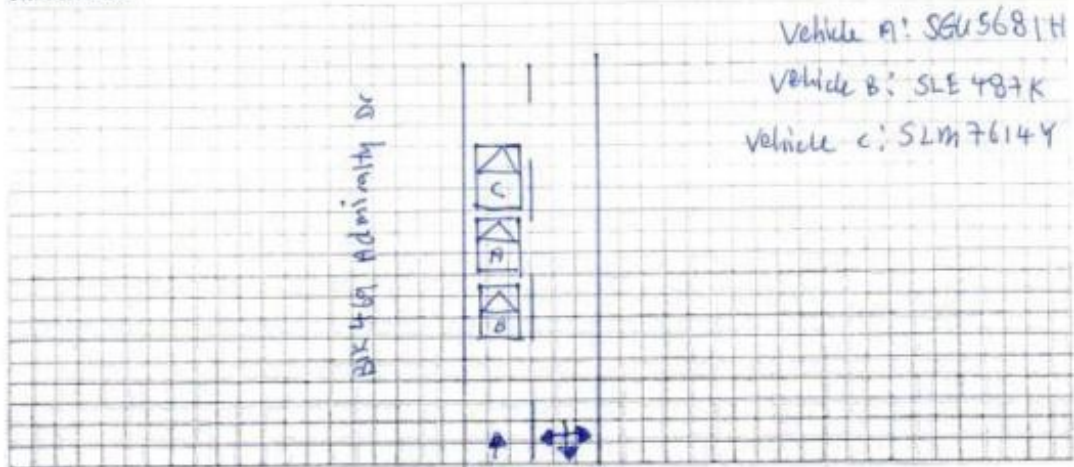I/We declare the foregoing particulars are true in every respect.

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.:

SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2019 13:37	Vide Report No.:	Station Diary No.:

Informant's Particulars

Name of Informant: VINOD KUMAR S/O YOUMA GHANDAN	Address: APT BLK 127 MARSILING RISE #01-346 SINGAPORE 730127
ID Type / ID No.: NRIC NO / S8716330Z	Contact No.: Home/Office: Mobile: 91055587
Nationality: SINGAPORE CITIZEN	Email: vinodkumar040687@gmail.com

Sex: Male	Age: 31	Date of Birth: 04/06/1987	Type of Informant: Driver

Race: Indian	Language: English	Institution / School Name:
Occupation: STARHUB DELIVERY	Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2019 07:45	Type of Location: Straight Road

Location: ADMIRALTY DRIVE

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
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
SGU5681H	Car	TOYOTA	VIOS	Gold	Seriously Damaged	0
SLE487K	Car	TOYOTA	SIENTA			0
SLM7614Y	Car	HONDA	SHUTTLE			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT

SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU5681H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700003923-02	18/05/2019	17/05/2020

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	VINOD KUMAR S/O YOUMA GHANDAN		ID No.	S8716330Z
Related Vehicle	SGU5681H (Car)		Contact No.	91055587
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/05/2019		Date Discharge	27/05/2019
No. of Days granted Medical Leave		05	Degree of Injury	Serious

Brief Details.
ON THE STATED DATE & TIME. I , VEHICLE A WAS STATIONARY ON THE STATED VENUE. SUDDENLY VEHICLE B HIT ONTO MY STATIONARY VEHICLE REAR PORTION. THE IMPACT CAUSE MY VEHICLE SWERVE FORWARD AND HIT ONTO VEHICLE C REAR PORTION.

POLICE REPORT

SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190527/7016

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 13:37
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8716330Z**

Name

VINOD KUMAR S/O YOUMA GHANDAN

விநோத் குமார்

Race

INDIAN

Date of birth

04-06-1987

Sex

M

Country/Place of birth

SINGAPORE

S8716330Z

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8716330Z**

Name:

VINOD KUMAR S/O YOUMA GHANDAN

Birth Date: **04 Jun 1987**

Issue Date: **16 Jul 2018**

002824517K

5271739

NRIC No. **S8716330Z**

Date of issue
04-02-2014

APT BLK 127 MARSILING RISE #01-346
SINGAPORE 730127
NRIC No: S8716330Z   Date: 03/05/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3   Motor cars with unladen weight =< 3000kg with =< 7   16 Jul 2018
            passengers, exclusive of driver; and other motor
            vehicles with unladen weight =< 2500kg

Licence No.S8716330Z

NP 428A

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo