SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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

	ACCIDENT STATEMENT
Date Of Report	27/05/2019 16:27
Date Of Accident	25/05/2019 11:35
Exact Location Of Accident	ENTRANCE OF ECP (BEDOK)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ6408L
Insured/Policyholder	
Name Of Registered Owner	CHUGANI SONIA MOHANDAS MRS SONIA DANANI
NRIC No	S7823900Z
Email Address	SONIADANANI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97915902
Alternative Phone No	Others-97915902
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ECLIPSE CROSS-1.5 CVT (A)
Exact Purpose for which vehicle was being used at ime of accident	PERSONAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900016929
Cover Note Number	
Driver	
Name of Driver	CHUGANI SONIA MOHANDAS MRS SONIA DANANI
NRIC No	S7823900Z
Date Of Birth	19/08/1978

INDOOR

14/04/2000

19 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-97915902

Fax Number

Contact Number OTHERS-97915902

EMail Address SONIADANANI@HOTMAIL.COM

Address 68 BAYSHORE ROAD #06-02

Postcode 469986

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 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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

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?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKA9293B

Vehicle Make/Model/Colour KIA

Details Of Properties FRONT BONNET
Vehicle Category PRIVATE CAR

Name of Driver ANG ZHENG LONG,ROBIN

NRIC/Passport Number S8243177B Contact Number 81390482 Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGQ8282C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver XIE HUA MING STEVE

NRIC/Passport Number S7780728D Contact Number 85114935

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:

- 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)
 - (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
- (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.
- 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: 27 MOUDO10

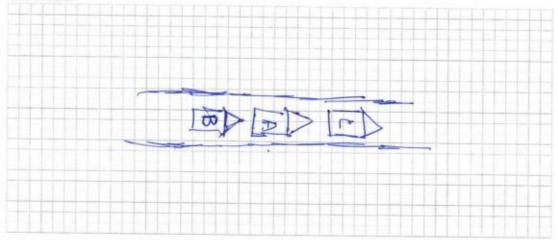
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature
Date & Time: 27 May 2019

7 May 2019 (If drive 1310. Date &

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















































INSURANCE CERT



CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder
Period of Insurance
Engine No. : 14 Mar 2019 To 13 Mar 2021
Chasais No. : JMAXTGK1WKZ000647

CHUGANI SONIA MCHANDAS MRS SONIA DANAN
Vehicle No.
Pellicy No.
Endocesment
Issued Data

Policy No. Endorsement No. Issued Date : 21 Mar 2019

ABOUT THE COVER

Maks/Model : MITSUBISHI Eclipse Cross 1,5
Engine Capacity/Tonnage : 1,499.00 CC Sum in
Other Restriction : NA Off Per Driver Restriction : NA Person or Classes of Persons Entitled to Drive* : Sum insured : Market Value Off Peak Car : No

First Year of Registration : 2019 Insuring with COE/PARF : Yes

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Age Condition : All Age Condition

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Loss of Use 1500cc-1600cc

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EXCLSS

Section 1 PNC-ST Class Blammer - 5560 Their - 60 Plass Cover - 50

Section 2 Property Daviege - 53

Named Driver and Excess retes applicates

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IMPORTANT NOTES

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CADMOPS - BRYANT 239 ALEXANDRA ROAD

SENGAPORE 166636 Underwitten by AVG Asia Pacific Investmen Pte. Ltd.

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AIG Asia Pacific Insurance Pte, Ltd. AUTHORISED REPRESENTATIVE

DRIVER LICENSE AND NIRC

