

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	03/06/2019 14:05
Date Of Accident	02/06/2019 12:20
Exact Location Of Accident	WEST COAST RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ9550C
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Insured/Policyholder

Name Of Registered Owner	SAGI SUDHEER
NRIC No	S6860696I
Email Address	SUDHEER.SAGI@MODEC.COM
Mobile Phone No	(LOCAL) +65-97266073
Alternative Phone No	Others-97266073

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.5L SDN
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	2100452129
Cover Note Number	

Driver

Name of Driver	SAGI SUDHEER
NRIC No	S6860696I
Date Of Birth	06/07/1968
Occupation	INDOOR
Date Of Driving Pass	28/01/2005
Driving Experience	14 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97266073
Fax Number	
Contact Number	OTHERS-97266073
EMail Address	SUDHEER.SAGI@MODEC.COM
Address	31 WEST COAST RISE #10-19
Postcode	127474
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	NORMAL
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?	
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: : SAGI NEHA 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

REFER TO THE ATTACHED 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	SLN4125G
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	RAHMAT DIMAN
NRIC/Passport Number	S0209341C
Contact Number	90060340
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

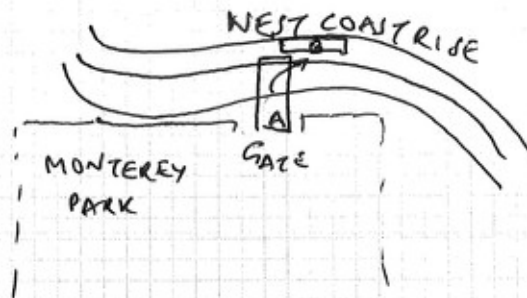
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

S. Sudhar
Policyholder's Signature
Date & Time: 3/6/19

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


Reporting Centre Personnel's Signature
Name: Catherine Chua
NRIC/FIN No.: S1449251H

SKETCH PLAN



A SK29550C

B SLN41259

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCIDENT TIMING: 2 JUN -19

12:20 HRS

I WAS COMING OUT OF THE CONDO TO GO OUT OF CONDO
LOOKED AT LEFT SIDE AND RIGHT SIDE SLOWED DOWN CAR
FOR AN APPROACHING CAR ON LEFT SIDE. LATER TURNED
MY CAR TO RIGHT SIDE AFTER THE CAR PASSED IN FRONT OF
ME.

AT THE POINT OF TURNING, I REALIZED A CAR WAS COMING
FROM RIGHT SIDE. I APPLIED BRAKE BUT COULD NOT STOP
THE CAR IN TIME RESULTING IN A COLLISION. BETWEEN
LEFT SIDE - FRONT OF MY CAR WITH RIGHT SIDE -
BACK END OF OTHER CAR ABOVE NEAR TYRE.

SCRATCHES WERE OBSERVED ON THE FENDER, DOOR & BUMPER
AROUND RIGHT BACK TYRE

DAMAGES WERE OBSERVED ON FRONT BUMPER & HEADLAMP

DECLARATION

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

S. Sudhar

Policyholder's Signature

Date & Time: 3 JUN -19

GLA/NEP/SinglePointForm_V3

13:17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name: Catherine Chua

NRIC/FIN No.: S111492114

SKZ9550C



SKZ9550C



SKZ9550C



03/06/2019 14:09

SKZ9550C



SKZ9550C



SKZ9550C



SKZ9550C



Accident Photo



Accident Photo

