

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	10/06/2019 14:23
Date Of Accident	08/06/2019 07:10
Exact Location Of Accident	BARTLEY RD EAST SLIP RD TO HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8028Z
Insured/Policyholder	
Name Of Registered Owner	KOH CHEUN MENG
NRIC No	S7519857D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OTHERS-99999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FEB21
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900099296
Cover Note Number	

Driver

Name of Driver	MARIMUTHU AJAYKANNAN
Passport No/FIN	G3827550Q
Date Of Birth	19/09/1998
Occupation	OUTDOOR
Date Of Driving Pass	26/10/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87378681
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 19 DEFU LANE 10 #01-314
Postcode	539200
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	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?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA9366R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.

Policyholder's Signature
Date & Time:



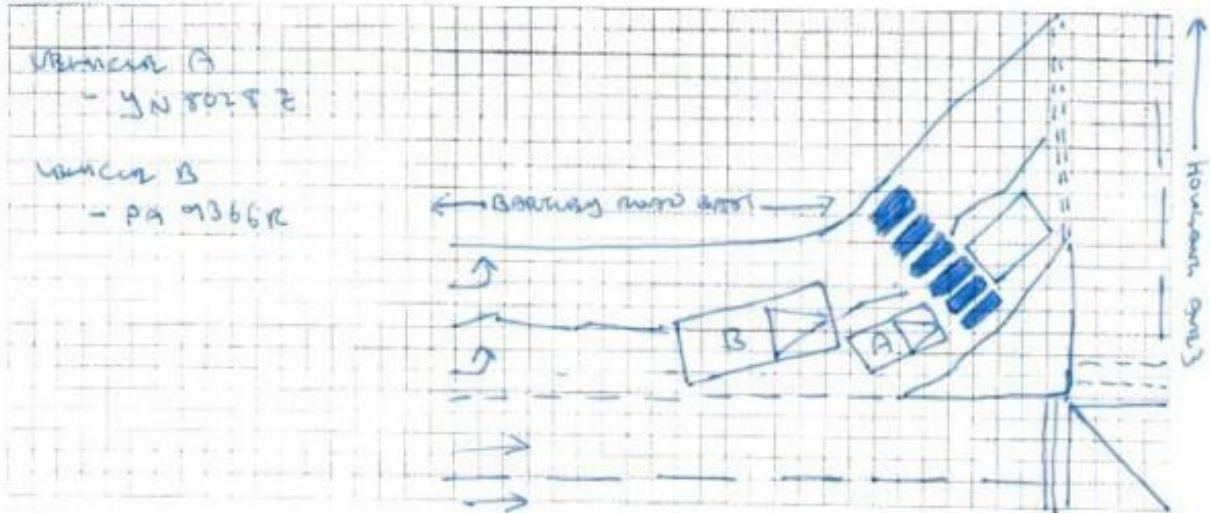
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 10/06/19

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

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG BARTLEY ROAD EAST TOWARD TAMPINES AVE 3 IN DIRECTION. WITH MY INTENTION OF TURNING INTO HOULANG AVE 3.

WHILE AT THE SLIP ROAD INTO HOULANG AVE 3, DUE TO THE VEHICLE AHEAD BEING TO COMPLETE STOP, I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

DISMOUNTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE (PA 9366 R) THAT COLLIDED TO THE REAR OF MY VEHICLE.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA

DECLARATION

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

Policyholder's Signature
Date & Time:

M. M. M.
Driver's Signature
(if driver is not the policyholder)
Date & Time:

shym 10/06/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo

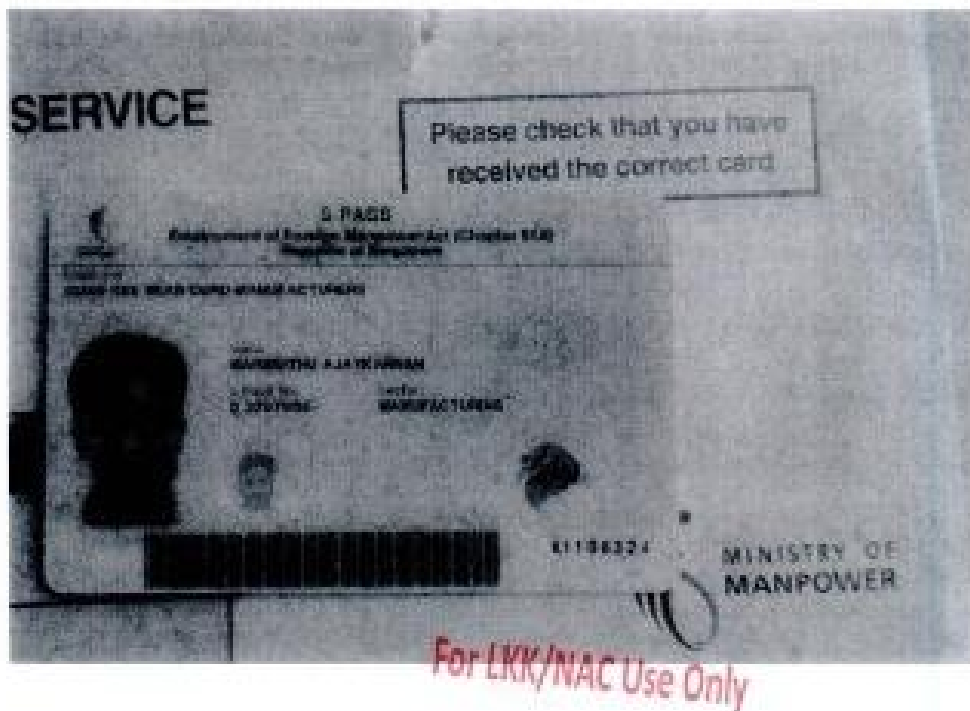





Accident Photo



Identification Card



7d103577-8714-4062-bd31-760ff1169c9b.JPG

ComfortDeGro  Driving Centre

205 Lili Avenue 4 Singapore 416015
Tel: 6547 8800 Fax: 6745 0888
info@comfortdegro.com.sg

For LKK/NAC Use Only

PHO
NO
AVAIL

PRIVATE REGISTRATION FORM

Course Applied for

Motorcar / Foreign Licence Conversion
Motorcycle Course (WP/SP)
Name MARIMUTHU AJAYKANNAN

Address GUAN KEE BEAN CURD
MANUFACTURES

Postal Code 000000

E-mail Address Nil

Gender MALE

NRICNo/FIN/IN 800000000000000000
Date Of Birth 18/SEP/1998

HandPhone No 87378881

Emergency Contact No 87378881

Home Contact No Nil

Race INDIAN

FTT Expiry Date 01/JAN/2000

Nationality FOREIGNER

Did you book any theory or practical test date's at the Traffic Police or at other centres? No

Learner ID R0023717

Enrolled By CDCWAYSNG

Date of Enrolment 30/JAN/2019

Enrolment Expiry Date 28/JUL/2020






TERMS & CONDITIONS

- I declare that all particulars given above are correct.
- The Account Opening Fee is for the registration service to facilitate Traffic Police Test Bookings. This Account Opening Fee paid is non-refundable and non-transferable. There will also be no refund of test fees and a total of test bookings.
- For top-up during account opening, the top-up service is free of charge. For subsequent top-up, you can use the online i-Banking or express NETS Kiosk top-up service and there will be a transaction fee of \$0.00.
- I do not suffer from any eye disease(s) such as colour deficiency, epilepsy, mental disorder, sudden attack of dizziness or any disability which is likely to cause the driving of a motor vehicle to be dangerous to the public.
- I do not have more than 12 demerit points for any driving licence that is held by me. I am presently also not under any suspension or disqualification from driving/driving. No driving/driving licence of mine has been revoked previously and even if had been revoked, it has been more than 1 year since the date of revocation.
- If I have any serious traffic offences pending against me, I am advised not to apply for a licence. This is because if I am eventually disqualified by court from holding or obtaining a driving licence, the disqualification could be for all classes of driving licence including any newly

Driving License

TN63 2016 0006279		Mobile No. *****8981
 MOTORCYCLE 26-10-2016 TN63	 LMV 26-10-2016 TN63	Badge No. NIL
		Badge Dt.
		Endorsement Date 22-11-2018
		Endorsement No. TN63 /DRP/0000098/2018
Present Address 349A NAINARKOIL ST, PALAYAVALLAVU PAGANERI POST, SIVAGANGA TK & DT, TN,630558		Permanent Address 349A NAINARKOIL ST, PALAYAVALLAVU PAGANERI POST, SIVAGANGA TK & DT, TN,630558
 Holder's Signature		 Assistant Licensing Authority RTO, SIVAGANGA

For LKK/NAC Use Only

	India Driving Licence (Tamil Nadu)		 
	TN63 2016 0006279		
	Date of Issue	Validity	
	26-10-2016	25-10-2036	
	Nationality		
	INDIA		
	Date of Birth	Blood Group	
	19-09-1998	O+	
Name M. AJAY KANNAN			
Father's Name MARIMUTHU			
		