

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	15/06/2019 12:05
Date Of Accident	14/06/2019 19:35
Exact Location Of Accident	ECP - NEAR L/P 69
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB9289J
Insured/Policyholder	
Name Of Registered Owner	SUBRAMANIAM SAKUNTHAIA
NRIC No	S2008930Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92387207
Alternative Phone No	Others-97898279

Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
Exact Purpose for which vehicle was being used at time of accident	
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	2100265223
Cover Note Number	

Driver	
Name of Driver	KUNDAN MATHAVAN
NRIC No	S0109002Z
Date Of Birth	28/04/1952
Occupation	INDOOR
Date Of Driving Pass	31/10/1978
Driving Experience	40 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97898279
Fax Number	
Contact Number	
EMail Address	K.MATHAVANM@SHINRYO.COM.SG
Address	BLK 426 PASIR RIS DR 6 #05-77
Postcode	510426
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
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: : SUBRAMANIAM SAKUNTHAIA 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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SGX1609D
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	SLE9188P
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)	

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:


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

SKETCH PLAN

<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 10%; right: 10%;"> <p><u>Vehicle</u></p> <p>A -</p> <p>B -</p> </div> <div style="position: absolute; top: 40%; left: 40%;"> <p>9188P</p> <p>SLE 84x JKB4289J</p> <p> 1609D</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">C</div> <div style="border: 1px solid black; padding: 2px 5px;">B</div> <div style="border: 1px solid black; padding: 2px 5px;">A</div> </div> </div> </div>	
<p><u>Legend</u></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Vehicle</p> </div> <div style="text-align: center;">  <p>Motorcycle</p> </div> </div>	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along ECP Toward Changi Airport, I was on the first lane, and suddenly the 84x 1609D stop, and I also applied by brake, resulting hitting the back of 84x 1609D, and 84x 1609 hit into SLE 9188P.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

<p>_____ Policyholder's Signature Date & Time:</p>	<p style="text-align: center;"><i>Signature</i></p> <p>_____ Driver's Signature (If driver is not the policyholder) Date & Time:</p>	<p style="text-align: center;"><i>Signature</i></p> <p>_____ Reporting Centre Personnel's Signature Name: NRIC/FIN No.:</p>
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REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S01090022

Name: KUNDAN MATHAVAN

Birth Date: 28 Apr 1952

Valid Date: 24 Feb 2003

000228223J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S01090022

Name: KUNDAN MATHAVAN

Race: MALAYALEE

Date of birth: 28-04-1952

Country/Place of birth: SINGAPORE

Sex: M

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	21 Sep 1979
Class 2A	Motorcycles between 201 cc and 400 cc	21 Sep 1979
Class 2	Motorcycles exceeding 400 cc	21 Sep 1979
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Oct 1978

License No: S01090022

5666583

Barcode

MARC No: S01090022

Date of issue: 31-10-2016

Address: APT BLK 426 PASIR RIS DRIVE 6 #05-77 SINGAPORE 510426

K.mathavan@shinryo.com.sg

Kentkh530@gmail.com

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

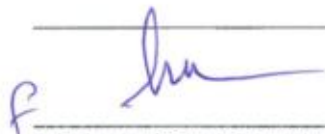
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA219078066 Vehicle Registration No: SKB 9289 J
Name (as shown in NRIC) : Kundan Mathavan NRIC/FIN/Passport No : S0109002Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 97898279
Email Address : _____
Date of Accident : 14/06/2019 Time of Accident : 1935 hrs
Place of Accident : ECP near l/p 69
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Owner vehicle no should be SKB 9289 J



Policyholder / Driver's Signature
Date:

PROGRESSIVE CAR CARE PTE LTD

Blk 3022A Ubi Road 1 # 01-45/46
Singapore 408716
Tel: 6741-6336 Fax: 6741-7208
Email: claims@progressivecars.com.sg
Name:
NRIC/FIN No.:
Date: