Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 09/09/2019 10:03

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 <u>truthful and accurate</u> 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	07/09/2019 15:17
Date Of Accident	27/06/2019 10:30
Exact Location Of Accident	215 BEDOK SOUTH AVE 1, SINGAPORE 469338
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK7017G
Insured/Policyholder	
Name Of Registered Owner	SESHADRI SAMPATH
NRIC No	S2625069B
Email Address	VASANTH.SESHADRI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96746321
Alternative Phone No	Office-96746321
Vehicle Particulars	
Manufacturer	INFINITI
Model	Q50 PREMIUM
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100498950-02
Cover Note Number	
Driver	
Name of Driver	VASANTH SESHADRI
NRIC No	S8371170A
Date Of Birth	13/02/1983

OUTDOOR

29/03/2004

15 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98625147

Fax Number

Contact Number

EMail Address VASANTH.SESHADRI@GMAIL.COM

Address 211 BEDOK SOUTH AVENUE 1, CASAFINA, 04-02

2

NO

NO

1

NO

NO

Postcode 469336

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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

iivoived iii tile accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Circumstances Of Accident #straightroad Accident_Scenario Moving straight & Diving straight Blue Car SLK7017G White Car SJV 8054H 1) I was responsible for a head-to-rear collision by my vehicle on the vehicle in front of me. It took place on the extreme right lane of the PIE towards Jurong. The vehicle in front of me was slow-moving almost stationary when I hit it. 2) The driver of the other vehicle (Mr Kay Kah Hock) came out of the vehicle and had an amicable chat with me in which we exchanged our particulars and he said he would make claims depending on damage to his car and I said I would wait for him to make claims. Mr Kay was perfectly healthy during that conversation. There was a dent to the back of his car and disfigurement of the number plate of my car as evidenced by the photos I've attached. Apart from that there were no signs of damage. There were also no signs of any injury on Mr Kay who was moving perfectly normally. 3) Today I received a letter from Riaz LLC Advocates and Solicitors on behalf of Mr Kay claiming that Mr Kay suffered back injuries and had medical expenses in excess of \$\$5 000 as a result of the collision caused by me. 4) Because my vehicle is covered under an AIG policy (policy number 2100498950-01) I'm reporting this so that the appropriate amount can be paid to Mr Kay. Under my policy injury of a third party as a result of an accident is covered. 5) Evidenced by the minimal damage to both vehicles (as per attached photos) and the healthy condition of Mr Kay immediately after the collision I'm extremely surprised to hear that he suffered back injuries as a result of the collision. 6) As such I kindly request AIG to investigate the accuracy of the claims before agreeing to an appropriate amount. Please contact me at the above email and/or phone numbers for further details. Thank you.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera? Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJV8054H

NO NO

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



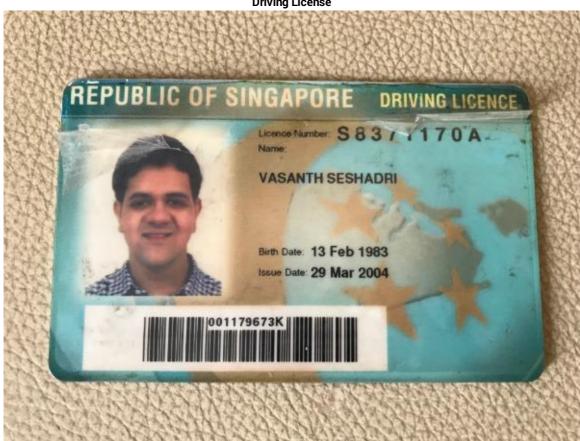




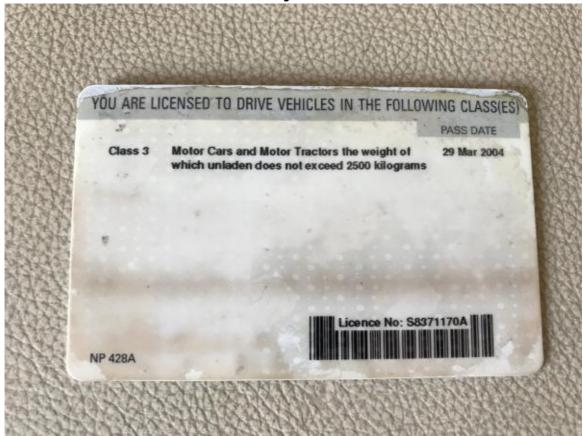




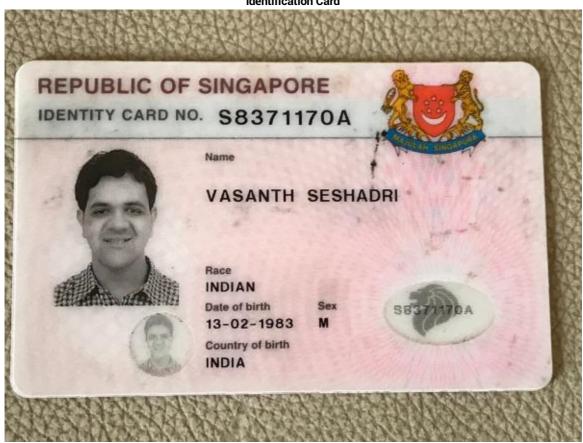
Driving License



Driving License



Identification Card



Identification Card

