## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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	20/08/2019 18:15
Date Of Accident	20/08/2019 10:00
Exact Location Of Accident	2ND LINK FOOD CENTRE CARPARK
Country/State of Loss	SINGAPORE
•	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ197P
Insured/Policyholder	
Name Of Registered Owner	HELPLINE ENGINEERING PTE LTD
Co Reg No	200816574H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-68990316
Vehicle Particulars	
Manufacturer	KIA
Model	K2500
Exact Purpose for which vehicle was being used at time of accident	ONGOING TO ON SITE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1800140227
Cover Note Number	
Driver	
Name of Driver	JAYARAMAN MUTHUKUMARASAMY
Passport No/FIN	G3088080W
Date Of Birth	14/02/1987

**OUTDOOR** 

08/04/2019

0 YEAR AND 4 MONTH

Gender **MALE** 

Mobile Number (LOCAL) +65-82014528

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address

Postcode

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** 

2

NO

NO

YES

NO

1

NO

NO

**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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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** 

REFER TO ATTACHMENT

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** 

SLR9909H Vehicle Registration Number

Vehicle Make/Model/Colour HYUNDAI ELANTRA/BLUE **Details Of Properties** RIGHT SIDE LIGHT DAMAGE

PRIVATE CAR Vehicle Category Name of Driver **CHUA KAI SHENG** 

S9437344A NRIC/Passport Number Contact Number 91501577

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

#### Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:

- (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 (all insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any 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 flaud 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: 20 Aug 19 /16.45

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN	
2nd link food centre carpark	
CAPPAN	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
A want go to main road B car go to the park line when A car move forward syddenly B car moving A car slow B car syddenly hit back A car toward	r can stop move
then	
DECLARATION	
/We declare the foregoing particulars are true in every respect.	
Sof.	2

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)
Date & Time: 20 400 19 16 45 Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:















# **Accident Photo**







## **Identification Card**

