

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	07/08/2019 13:16
Date Of Accident	06/08/2019 18:55
Exact Location Of Accident	ANG MO KIO CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD6542A
Insured/Policyholder	
Name Of Registered Owner	SHETTY RAJENDRA KUMAR
NRIC No	S2691893F
Email Address	RK.SHETTY@SIEMENS.COM
Mobile Phone No	(LOCAL) +65-98389904
Alternative Phone No	OFFICE-98389904

Vehicle Particulars

Manufacturer	AUDI
Model	Q5-2.0 TFSI QUATTRO (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100471809-03
Cover Note Number	

Driver

Name of Driver	SHETTY RAJENDRA KUMAR
NRIC No	S2691893F
Date Of Birth	04/02/1962
Occupation	INDOOR
Date Of Driving Pass	22/09/2000
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98389904
Fax Number	
Contact Number	OFFICE-98389904
Email Address	RK.SHETTY@SIEMENS.COM

Address	BLK 217 YISHUN ST 21 #07-337
Postcode	760217
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 - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JGJ2789 (PRIVATE CAR)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

DRIVING ALONG THE CARPARK AND VEHICLE NUMBER JGJ 2789, PROTON(MALAYSIA VEHICLE) SUDDENLY DRIVE OUT FROM THE PARKING LOT. I COULDN'T BRAKE IN TIME AND MY VEHICLE COLLIDED WITH HIS VEHICLE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JGJ2789
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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7. 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 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:

7 Aug 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

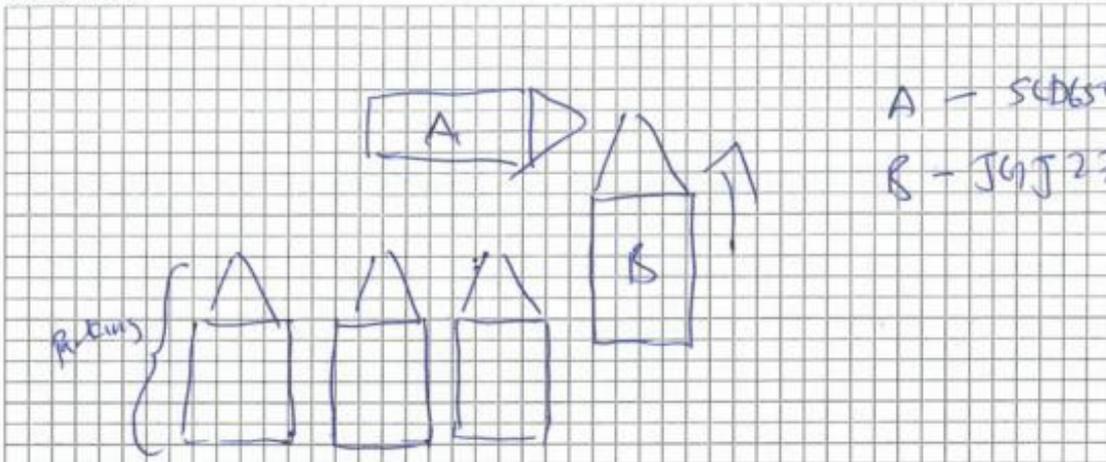
Reporting Centre Personnel's Signature

Name: *Arman*

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along the car park and vehicle number JGJ 2789, Proton (Malaysia vehicle) suddenly drive out from the parking lot. I couldn't break in time and my vehicle collided with his vehicle.

DECLARATION

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



Policyholder's Signature

Date & Time:

7 Aug 2019.

GIARMC SketchPlanForm_V3

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



Reporting Centre Personnel's Signature

Name: Eiman

NRIC/FIN No.:



Police Report



**SINGAPORE
POLICE FORCE**



T/20190807/2047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190807/2047

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD6542A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100471809-03	24/06/2019	23/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LOY TUCK FATT	ID No.	730315015069	
Related Vehicle	JGJ2789 (Car)	Contact No.	87377012	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	SHETTY RAJENDRA KUMAR	ID No.	S2691893F	
Related Vehicle	SLD6542A (Car)	Contact No.	98389904	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,

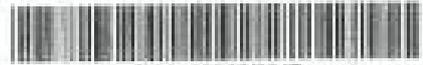
I WAS TRAVELLING SLOWLY ON A OPEN SPACE CARPARK, OUT OF A SUDDEN A CAR (JGJ2789) CAME OUT FROM A PARKING LOT ON MY RIGHT SIDE. I COULD NOT STOP IN TIME AND COLLIDED INTO THE LEFT FRONT PORTION OF THE SAID CAR. WE THEN EXCHANGED PARTICULARS. NO ONE WAS INJURED DURING THE ACCIDENT.

I HAVE AN IN CAR CAMERA AND I AM WILLING TO PROVIDE THE FOOTAGE FOR FUTURE INVESTIGATIONS IF NEEDED.
I AM LODGING THIS REPORT FOR INSURANCE PURPOSE. THAT IS ALL.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190907/2047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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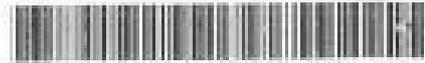
Report No. T/20190907/2047

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20190807/2047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190807/2047

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474865 stating the report number as reference.

Signature Of Officer Recording The Report: TP / NG RUI TONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2019 12:13
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65478151	Classification Of Case:
Authentication Stamp NP188	<div data-bbox="571 1854 1104 2085" style="border: 1px solid black; padding: 5px;">  <p>SINGAPORE POLICE FORCE</p>  Signature: _____ </div>

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

