Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 30/09/2019 11:23

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	30/09/2019 11:02
Date Of Accident	20/09/2019 11:15
Exact Location Of Accident	ORCHARD ROAD CROSSING
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLV6912X
nsured/Policyholder	
Name Of Registered Owner	MURARI MOHAN RAKSHIT
NRIC No	G5124056T
Email Address	MURARIJAY@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97287338
Alternative Phone No	Office-97287338
/ehicle Particulars	
Manufacturer	AUDI
Model	AUDI Q5 2.0 TFSI QU
exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
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
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700092745-01
Cover Note Number	
Driver	
Name of Driver	MURARI MOHAN RAKSHIT
NRIC No	G5124056T
Date Of Birth	03/05/1973

INDOOR

28/08/2012

7 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97287338

Fax Number

Contact Number OFFICE-97287338

EMail Address MURARIJAY@YAHOO.COM

32 STURDEE ROAD

#22-11

Postcode 207853 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

Address

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - CROSS JUNCTION**

Weather Conditions CI FAR **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

NO

1

NO

NO

NO 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

ON 20/9/19 MORNING 11:15AM. I AM DRIVING FROM CARINHILL ROAD TOWARDS GRANGE ROAD. I WAS BY MISTAKE ON LEFT LANE AND I PUT RIGHT INDICATOR TO GO TO STRAIGHT GRANGE ROAD AND WAS MOVING SLOW., BUT AT THE ORCHARD ROAD CROSSING FROM MY RIGHT SIDE, ONE RED COLOUR MINI COOPER DRIVING BY MS HUIHUA. BUMPED ME FROM RIGHT SIDE MISSING TO MY RIGHT INDICATOR TO MOVE STRAIGHT. WE BOTH PUT BRAKE AND MINOT SCRATCHES CAME TO MY RIGHT SIDE BUMPER & REAR DOOR SIDE. WHERE WAS HER LEFT SIDE BUMPER ALONE GOT MINOR SCRATCHES. WE BOTH STOPPED AND TAKEN PHOTO OF THE DAMAGE OF BOTH VEHICLE. DRIVING LICENCES AND CONTACT NO. MY DAMAGE-RIGHT BUMPER, REAR DOOR SCRATCH OTHER CAR - LEFT SIDE BUMPER & ABOVE MINOR SCRATCH I HAVE PLACED INDICATOR MUCH BEFORE TO ALERT RIGHT SIDE VEHICLE TO INDICATE THAT I INTEND TO MOVE STRAIGHT BUT SHE MISSED TO SEE IT AND SHE TOOK LEFT TURN AND BUMPED MY VEHICLE

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

SI U1899P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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.
- 5. 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 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:
 - 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)

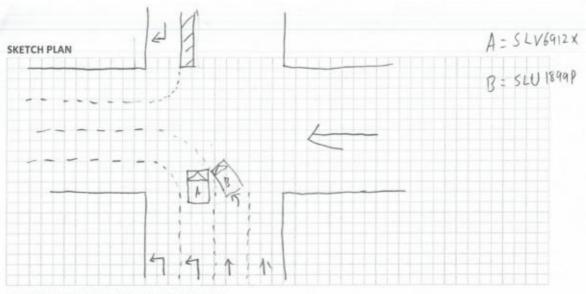
Date & Time:

Reporting Centre Personnel's Signature

Name: Tory Fary

NRIC/FIN No .: 47040167

GMRWC Steeth Flancom, VJ



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

One 20/9/19 moring 11:15Am Iwas driving from Cairnhill Boad Grand
Grange Road. I was by mistake on left lane and I but right Indicator
to go to straight to Grange Road and was moning stown. But
at the overhand Road Crossing from my right side, one Red
Colour Mini Cooper driven by Me Huitma, bumped me
from right Gide missing to see my right indicato
to more straight. We both put broke and minor
Scratches Came to my right cide bunger & mothed Rear
Book Side. where as his left side bunger
and above got minor scratches. We both stopped
and taken photo of the damage of both vehicles
Driving Licences and Contact NO.
My Danage - right side Rumper, Rear Door Scratch
Other Con - left Side bumper & above minor santeh
I have
I have placed judicator much before to
There placed judicator which before to Alto after after right side rehicle to indical intent that I jutared to more straight but she
that I intered to more straight but she
missed to see it and she took left
two and bumped my vehicle.

DECLARATION

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

Policyholder's Signature

30/1/19 AM Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Tory Farm

NRIC/FIN No.:

G 2040 107X







