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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/12/2019 14:47
Date Of Accident	01/12/2019 08:35
Exact Location Of Accident	FARRER ROAD JUNCTION TOWARDS BUKIT TIMAH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBV9933J
Insured/Policyholder	
Name Of Registered Owner	MANISH KUMAR
NRIC No	S7681717J
Email Address	KUMAR1276@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93393063
Alternative Phone No	Others-93393063
Vehicle Particulars	
Manufacturer	AUDI
Model	A6 1.8 TFSI S TRONIC
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	1800079079
Cover Note Number	
Driver	
Name of Driver	MANISH KUMAR
NRIC No	S7681717J
Date Of Birth	31/10/1976

INDOOR

02/08/2006

13 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93393063

Fax Number

Postcode

Contact Number OTHERS-93393063

EMail Address KUMAR1276@GMAIL.COM

208 DEPOT ROAD

Address

#13-54 109698

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 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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ACCIDENT HAPPENED WHILE TURNING DOWN FROM FARRER ROAD INTO BUKIT TIMAH ROAD. HONDA JAZZ IN FRONT OF ME TURNED INTO BUKIT TIMAH ROAD AND I CHECKED TRAFFIC ON MY RIGHT AND TURNED INTO BUKIT TIMAH ROAD. APPARENTLY THE HONDA JAZZ STOPPED AFTER COMING THE STOP LINE INT BUKIT TIMAH ROAD. MY CAR FRONT LEFT BUMPER HIT THE REAR RIGHT BUMPER OF THE HONDA. HONDA JAZZ HAS BEING DRIVEN UNDER SUPERVISOR OF A TRAINER IT SEEMS.

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 SMN3599S
Vehicle Make/Model/Colour HONDA JAZZ

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR

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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- 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:
 - 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: 2 | 12 | 20/9

12:20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.: 685



A -> SBV9933J B -> Handa av.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened while turning from Forrer Road
into Bukir trimah Road Hand tazz in part of me
timed him bullit Timed band and I charled
trathic on my night and turned into Buleix
Traffic on may night and furned into Buleir Thron load. Apparently the Hand Jazz (hopped after croming the stop line hulo Buling Timela Road. My can grant left brunger hit the rear night brunger of the Handa.
after croning the stop live lule Ruly Tinds
Road. My can trail left bruger hit the
year right brunger of the Handa
•
Hand Jazz was being driven by under upanisian
d a trainer it seems.

DECLARATION

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

Policyholder's Signature Date & Time:

2/2/2019 12:30

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

Date & Time:

Reporting Centre Personnel's Signature Name: Gold Sur 120, 1/201 NRIC/FIN No.: GRSS FAGUL





































































