

## 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	11/12/2019 16:13
Date Of Accident	10/12/2019 23:00
Exact Location Of Accident	BUKIT BATOK WEST AVENUE 5 NEXT TO BUKIT GOMBAK MRT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5591H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PUVANAYSVARAN S/O KANAPATHY
NRIC No	S7518419J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90021302
Alternative Phone No	OTHERS-90021302

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100215853-09
Cover Note Number	

### Driver

Name of Driver	PUVANAYSVARAN S/O KANAPATHY
NRIC No	S7518419J
Date Of Birth	21/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2000
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90021302
Fax Number	
Contact Number	OTHERS-90021302
Email Address	NOEMAIL

Address	BLK 102 BUKIT BATOK WEST AVENUE 6 #02-88
Postcode	650102
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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)	4
Passenger 1	NAME: : RUVASHINI D/O PUVANAYSVARAN GENDER: : FEMALE
Passenger 2	NAME: : DASHWINI D/O PUVANAYSVARAN GENDER: : FEMALE
Passenger 3	NAME: : SHARITHA D/O VIRASAMY GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20191211/2025.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### Details of Witness 1

Name	LEONG
Phone Number	97435428

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7074E
Vehicle Make/Model/Colour	COMFORT DELGRO
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOW CHYE HUAT
NRIC/Passport Number	S1431729E
Contact Number	92717098
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC390M
Vehicle Make/Model/Colour	COMFORT DELGRO
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	RUVASHINI D/O PUVANAYSVARAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJX5591H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 102 BUKIT BATOK WEST AVE 6 #02-88
Postcode	650102

#### DETAILS OF INJURED PERSON 2

Name	DASHWINI D/O PUVANAYSVARAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJX5591H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 102 BUKIT BATOK WEST AVE 6 #02-88
Postcode	650102

#### DETAILS OF INJURED PERSON 3

Name	SHARITHA D/O VIRASAMY
------	-----------------------

Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJX5591H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 102 BUKIT BATOK WEST AVE 6 #02-88
Postcode	650102

#### DETAILS OF INJURED PERSON 4

Name	PUVANAYSVARAN S/O KANAPATHY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJX5591H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 102 BUKIT BATOK WEST AVE 6 #02-88
Postcode	650102

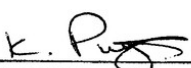
**SKETCH PLAN**


**IMPORTANT NOTICE**

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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:

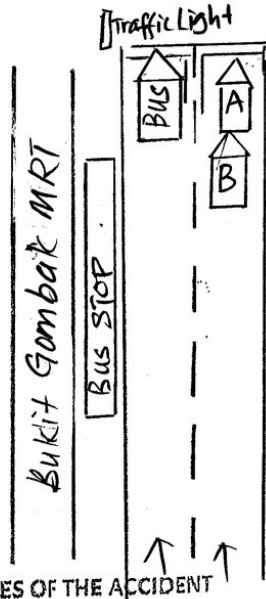
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 11 DEC 2019

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 11 DEC 2019

  
 Reporting Centre Personnel's Signature  
 Name: Roh Kwee Choo  
 NRIC/FIN NO.

SKETCH PLAN



A: SJX 5591H  
B: SHC 7074E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Bukit Batok West Ave 5

Vehicle No: SJX 5591H  
Accident Date: 10.12.2019 Time: 2200  
Place of Accident: Bukit Batok West Ave 5  
3rd Party (1): SHC 7074E  
(2): SHC 390M


Please refer the police report  
T/20191211/2025

DECLARATION


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

  
Policyholder's Signature

Date & Time: 11 DEC 2019

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

Date & Time: 11 DEC 2019

  
Reporting Centre Personnel's Signature

Name: Poh Kwee Choo  
NRIC/F.N No.:



**SINGAPORE  
POLICE FORCE**



T/20191211/2025

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

1 of 5

Report No. T/20191211/2025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/12/2019 09:35		Vide Report No.:		Station Diary No.: 24	
<b>Informant's Particulars</b>					
Name of Informant: PUVANAYSVARAN S/O KANAPATHY			Address: APT BLK 102 BUKIT BATOK WEST AVENUE 6 #02-88 SINGAPORE 650102		
ID Type / ID No.: NRIC NO / S7518419J			Contact No.: Home/Office:                      Mobile: 90021302		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 21/05/1975	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: HEAVY VEHICLE DRIVER			Driving Licence Information: Class: 3,4,5                      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2019 22:00	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK WEST AVENUE 5 Next to BUKIT GOMBAK MRT				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC390M	Car				Slightly Damaged	0
SHC7074E	Car				Slightly Damaged	0
SJX5591H	Car	TOYOTA	VIOS E AUTO	Beige	Slightly Damaged	3

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:  
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659840  
Tel No: 1800-6659999

Report No. T/20191211/2025

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX5591H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100215853-09	25/06/2019	24/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Name	LOW CHYE HUAT		ID No.	S1431729E
Related Vehicle	SHC7074E (Car)		Contact No.	92717098
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	PUVANAYSVARAN S/O KANAPATHY		ID No.	S7518419J
Related Vehicle	SJX5591H (Car)		Contact No.	90021302
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Passenger				
Name	Ruvashini D/O Puvanaysvaran		ID No.	T0003222G
Related Vehicle	SJX5591H (Car)		Contact No.	91643535
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	04		Degree of Injury	Slight





**SINGAPORE  
POLICE FORCE**



T/20191211/2025

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659840  
Tel No: 1800-6659999

Report No. T/20191211/2025

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Sharitha D/O Virasamy	ID No.	S7813914E
Related Vehicle	SJX5591H (Car)	Contact No.	94564610
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Serious
<b>Passenger</b>			
Name	Dashwini D/O Puvanaysvaran	ID No.	S9811942F
Related Vehicle	SJX5591H (Car)	Contact No.	81343225
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 10/12/2019 at around 2300HRS, I was driving my vehicle - SJX5591H along Bukit Batok West Avenue 5. I was driving on the first lane. I made a stop as I approached Bukit Gombak MRT as the traffic light turn red.

On the same day around a minute later, a taxi - SHC7074E, suddenly hit me from the rear left. As a result of the impact, my vehicle inched forward. There were no vehicle ahead of me. I then went out of the vehicle to assess the damage on my vehicle. I then exchanged particulars with the other driver. The driver admitted that it was his mistake which led to the accident.

There was another vehicle - SHC390M, which suffered minor damages as a result of the accident. I am unsure how the vehicle was involved in the accident. The driver approached me and informed that he is the witness for the incident. I do not have his particulars but I do have his phone number - HP: 97435428

There were no traffic police or ambulance that came to scene. I then drove my vehicle to my carpark to park my vehicle and subsequently proceeded to Ng Teng Fong Hospital as all three of my passengers were injured. The three passengers were my wife and my two daughters.

**Injuries to passengers:**

Ruvashini D/O Puvanaysvaran T0003222G - Contusion on lower back, minor head injury (4 days MC)  
Dashwini D/O Puvanaysvaran S9811942F - Contusion of lower back and left knee, minor head injury (4 days MC)  
Sharitha D/O Virasamy S7813914E - Contusion of lower and upper back, contracture of left knee and minor head injury (4 days MC)



**SINGAPORE  
POLICE FORCE**



T/20191211/2025

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Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20191211/2025

**CONTINUATION OF REPORT**

The damages to my vehicle (SJX5591H) - Dented and broken left rear bumper, Dented on left body area,  
Dented rear bonnet, Broken rear lights, spoilt side mirror,  
Damage on other vehicle (SHC7074E) - Dented and broken front right bumper



**SINGAPORE  
POLICE FORCE**



T/20191211/2025

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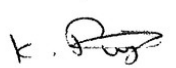
Report No. T/20191211/2025

## 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 65474885 stating the **report number** as reference.

 <p>SINGAPORE POLICE FORCE</p> <p>Signature Of Officer Recording The Report: J/ Sgt 3 FATHULLAH HARUN BIN NOOR ADZAN</p> <p>SIGNATURE</p>	<p>Signature Of Informant:</p> 
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 11/12/2019 09:35</p>
<p>Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414</p>	<p>Classification Of Case:</p>

Authentication Stamp  
NP168



# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

**Name of Policyholder** : Puvanaysvaran s/o Kanapathy  
**Period of Insurance** : 25 Jun 2019 To 24 Jun 2020  
**Engine No.** : 1NZY098076  
**Chassis No.** : MR053HY9305167370

**Vehicle No.** : SJX5591H  
**Policy No.** : 2100215853-09  
**Endorsement No.** :  
**Issued Date** : 27 May 2019

### ABOUT THE COVER

**Make/Model** : TOYOTA VIOS

**Engine Capacity/Tonnage** : 1,497.00 CC

**Driver Restriction** : NA

**Sum Insured** : Market Value

**Off Peak Car** : Yes

**First Year of Registration** : 2010

**Insuring with COE/PAF** : Yes

**Person or Classes of Persons Entitled to Drive\*** :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

**Age Condition** : All Age Condition

**Limitation as to use\*** :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

**Loss of Use 1500cc - 1600cc Optional**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

Puvanaysvaran s/o Kanapathy - \$600 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan**: DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210106

AIG - AUTO DIRECT

78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

**AIG Asia Pacific Insurance Pte. Ltd.**

AUTHORISED REPRESENTATIVE

SSPSHA