

## 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	15/01/2020 18:50
Date Of Accident	02/01/2020 19:40
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8254X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SURESH BABU LOGANATHAN
NRIC No	S7288957F
Email Address	SLOGON365@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93392936
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800136226
Cover Note Number	

### Driver

Name of Driver	SURESH BABU LOGANATHAN
NRIC No	S7288957F
Date Of Birth	31/01/1972
Occupation	INDOOR
Date Of Driving Pass	21/02/2014
Driving Experience	5 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93392936
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	SLOGON365@GMAIL.COM
Address	481 YIO CHU KANG ROAD #07-15
Postcode	787056
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)	2
Passenger 1	Name: : MANI SELVAM Gender: : Male

#### 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

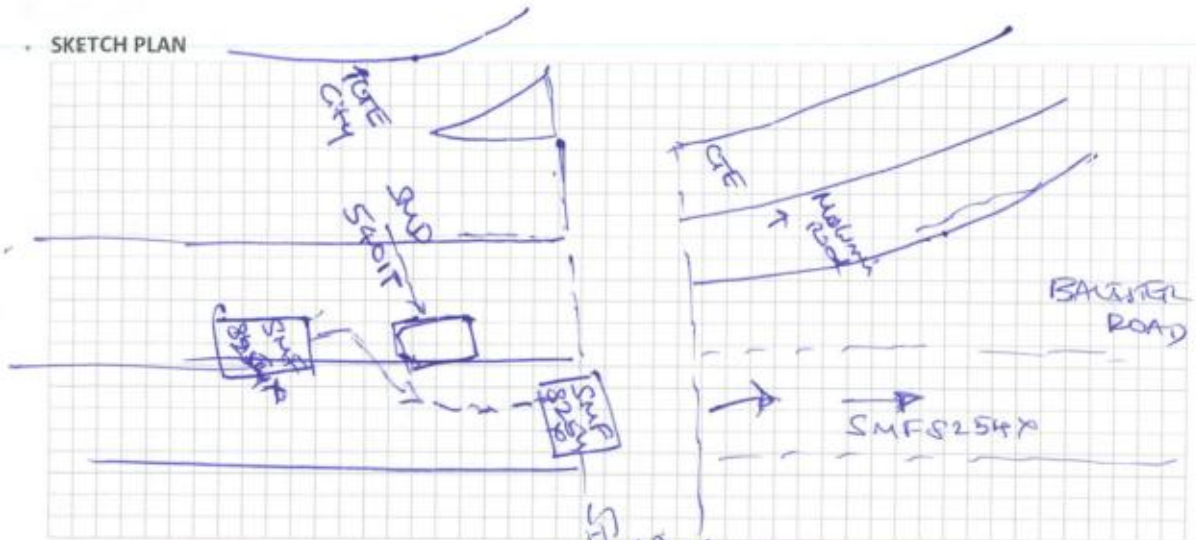
I WAS TRAVELLING IN THE MIDDLE LANE , CAR DRIVER SMD5401T IN FRONT OF ME WAS DRIVING VERY SLOW PLUS WONDERING WAS NOT SURE WHICH TURN TO TAKE . THE CAR BEHIND ME WAS HONKING DUE TO SLOW TRAFFIC JUST BEFORE THE SIGNAL . I SWITCHED ON THE RIGHT INDICATOR AND TOOK ON THE RIGHT SIDE LANE AND WAS DRIVING STRAIGHT TOWARD BALESTIER ROAD , ONCE I OVER TOOK HE WANDERED INTO MY LANE AND HIT MY BACK WHEEL ON THE ( OPPOSITE SIDE TO THE DRIVER SEAT ) , THE SMD5401T IS A GRAB DRIVER AMD WAS SLOW NOT SURE WHICH WAY HE WAS DRIVING . SMD5401T HAS A COMPLETE VIDEO RECORDING AND HAD A PASSENGER WITH HIM

#### Attachment(s)

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

# Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling in the middle lane, the car driver (SMD 5401T) in front of me was driving very slow & wandering was not sure which turn to take.

- The car behind me was honking due to slow traffic just before the signals.

I switched on the Right indicator and over took on the right side lane and was driving straight toward Balestier Road.

Once I over took he wandered into my lane and hit my back wheel on the (Opposite side to driver's seat).

The (SMD 5401T) is a grab driver and was slow & was not sure which way he was driving.

SMD 5401T has a complete radio recording and had a passenger with him.

## DECLARATION

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

Policyholder's Signature

Date & Time:

15/01/2020  
13:05 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

15/01/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Chloe

Chloe Choo  
9119 2138 HP

## Accident Statement

☐ Mitsubishi ☒ Kia ☐ Citroen ☐ Others (Please tick accordingly)

Motor Accident Repair Basic Information	
Date of Accident	02/01/2020
Time of Accident (24hr format)	19:40 PM
Exact Location of Accident	Along Balestier Road before signal
Own Vehicle Details	
Vehicle Registration Number	SMF8254X
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S7288957F
Vehicle Particulars (Own Vehicle)	
Model	KIA CERATO
Exact purpose for which vehicle was being used at the time of accident	Personal
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private Car / <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Goods Veh / <input type="checkbox"/> Motor Trade / <input type="checkbox"/> Government
Insurance Company (Own Vehicle)	
Insurance Company	AIG
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	
Driver	
Name of Driver	SURESH BABU LOGANATHAN
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S7288957F
Date of Birth	31/01/1972
Occupation	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Driving Pass Date	21/02/2014
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	93392936
Office / Home / Other Numbers	
Home Address	481 YIO CHU WUN (BAY), 07-15 CATTLE GREGG
Email Address	SINGAPORE 757056 slogon365@gmail.com
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: _____
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vehicle No: _____ Insurance: _____

OWNER/ DRIVER'S SIGNATURE: \_\_\_\_\_

Ver. Jun 2018/86P

General Information Of The Accident			
Type Of Accident			
Weather Condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
If Others, please state the condition:			
Road Surface	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
If Others, please state the condition:			
Other Information			
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Foreign Vehicle Registration Number			
Foreign Vehicle Category			
Number of vehicles involved in the accident			
Was there any witness? (Name, Phone, Email)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was there any other vehicle or property damaged?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was the accident reported to the police?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If Yes, against whom?			
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Number of Passengers (Including Driver)	2		
Passenger (Name and Gender)	Mr. MANI SELVAM		
Circumstances of Accident			
Refer attachment			
Third Party Vehicle Detail			
Details of Other Vehicle / Property			
Vehicle Registration No.	SMD 5401T		
Vehicle Make/ Model/ Colour			
Details of Property Damaged in Accident	Paint scratch only / no dent		
Vehicle Category			
Name Of Driver			
Driver's NRIC	<input type="checkbox"/> Co. Reg. No.	<input type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
Contact Number	S1427621A		
Name of Insurance Company			
Nature of Damage	Paint scratch to car		
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number
Details of Injured Person			
Name			
Injury Sustained			
Injured person is on which vehicle?			
Were seat belts worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

OWNER/ DRIVER'S SIGNATURE: 

i) Number of Passengers in Vehicle A (including driver)?

<u>Passenger 1</u>	
Name :	Mv. <del>SELVAM</del> MANI SELVAM
Gender :	(M) F

<u>Passenger 2</u>	
Name :	
Gender :	M / F

<u>Passenger 3</u>	
Name :	
Gender :	M / F

<u>Passenger 4</u>	
Name :	
Gender :	M / F

<u>Passenger 5</u>	
Name :	
Gender :	M / F

<u>Passenger 6</u>	
Name :	
Gender :	M / F

<u>Passenger 7</u>	
Name :	
Gender :	M / F

## 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:

15/01/2020  
13:05pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# CERTIFICATE OF INSURANCE

## KIA AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : SURESH BABU LOGANATHAN  
**Period of Insurance** : 27 Nov 2018 To 26 Nov 2020  
**Engine No.** : G4FGJH709779  
**Chassis No.** : KNAF3416MK5020664

**Vehicle No.** : SMF8254X  
**Policy No.** : 1800136226  
**Endorsement No.** :  
**Issued Date** : 11 Dec 2018

### ABOUT THE COVER

**Make/Model** : KIA Cerato  
**Engine Capacity/Tonnage** : 1,591.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**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

\* 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)

SURESH BABU LOGANATHAN - \$600 (Own Damage)

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

- 1 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
- 2 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
- 3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278000
- 4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

For other 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: Standard Chartered Bank (Singapore) Limited

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).

0504622232

C&CKICP2 - JUSTIN  
 239 ALEXANDRA ROAD  
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Maile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

88CHMD

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

