

## 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	11/01/2020 10:41
Date Of Accident	10/01/2020 15:50
Exact Location Of Accident	LOYANG AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN568G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MADHAVAN SAIVARAJ
NRIC No	SXXXX530B
Email Address	MADHAVAN_72@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91993073
Alternative Phone No	OTHERS-91993073

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900113780
Cover Note Number	

### Driver

Name of Driver	MADHAVAN SAIVARAJ
NRIC No	SXXXX530B
Date Of Birth	05/05/1972
Occupation	INDOOR
Date Of Driving Pass	18/04/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91993073
Fax Number	
Contact Number	OTHERS-91993073
EEmail Address	MADHAVAN_72@YAHOO.COM.SG

Address	BLK 229 PASIR RIS ST 21 #04-34
Postcode	510229
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 - CHANGE/CROSS LANE
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED.

#### 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	SHD2464R
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	84640885
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Sketch Plan Pg. 1**  
**SKETCH PLAN**

**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. 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.
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: 11.1.2020

10.40am.



Driver's Signature

(If driver is not the policyholder)

Date & Time: 11.1.2020

10.40am



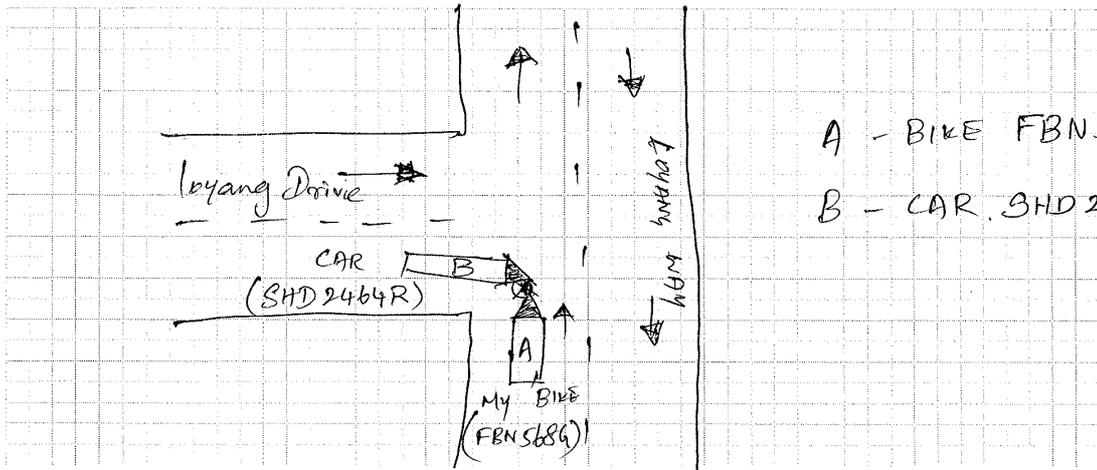
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



- A - BIKE FBN 568G
- B - CAR SHD 2464R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along loyang way when come to the junction of loyang way and loyang Drive suddenly a taxi turn out front loyang drive without stopping and collided onto my motorbike and my motorbike is damage badly.

DECLARATION

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

*S. Maels*

Policyholder's Signature

Date & Time:

11. 1. 2020

3 ARMS (S) (P) (M) (C) (S) (S)

10.40am

*S. Maels*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11. 1. 2020

10.40am

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# CERTIFICATE OF INSURANCE

## MOTORCYCLE AUTOVANTAGE MOTORCYCLE

Name of Policyholder : MADHAVAN SAIVARAJ  
 Period of Insurance : 28 Jun 2019 To 27 Jun 2020  
 Engine No. : MC46E5064093  
 Chassis No. : LWBMC4698J1307827

Vehicle No. : FBN568G  
 Policy No. : 1900113760  
 Endorsement No. :  
 Issued Date : 25 Jun 2019

### ABOUT THE COVER

Make/Model : HONDA CBF190WH  
 Engine Capacity/Tonnage : 184.00 CC  
 Driver Restriction : Named Driver Basis  
 Person or Classes of Persons Entitled to Drive\* :  
 a) The Policyholder  
 b) Any person who is named as a "named driver" under this Policy.

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2018  
 Insuring with COE/PARF : Yes

62844284

Condition : Not Applicable  
 Intention as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover:

- 1) use for hire or reward;
- 2) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 3) use for the carriage of goods (other than samples) in connection with any trade or business; and
- 4) use for any purpose in connection with Motor Trade.

\* Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0 Own Damage - \$300 Theft - \$0

Section 2  
 Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)  
 MADHAVAN SAIVARAJ - \$300 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 6200. Alternatively, You may refer to AIG website 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: BIKE PRODUCTION PTE LTD

I/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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500556016

COWELL - BIKE PRODUCTION  
 8 BURN ROAD #09-09 TRIVEX  
 SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

*Janik*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

Tai Joo Lim

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7263530B



Name  
MADHAVAN SAIVARAJ

மாதவன் சைவராஜ்

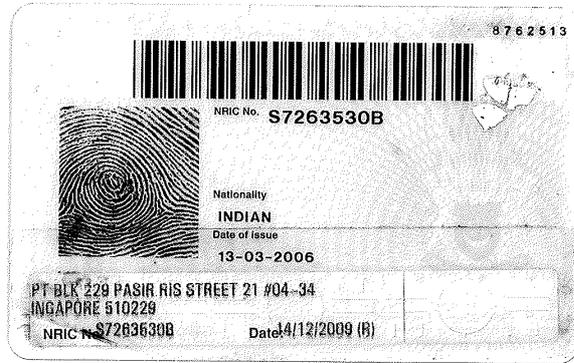
Race  
INDIAN

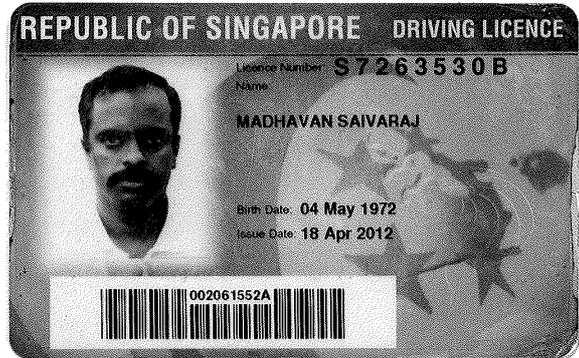
Date of birth 04-05-1972 Sex M

Country of birth  
INDIA



Identification Card Pg. 2





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B <sup>1</sup> Motorcycles =< 200 cc	EFFECTIVE DATE 18 Apr 2012
---	-------------------------------

NP 428A

Licence No: 57263530B



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

