## 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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	21/01/2020 15:01
Date Of Accident	21/01/2020 11:50
Exact Location Of Accident	ORCHARD RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX384Y
Insured/Policyholder	
Name Of Registered Owner	KINETIC AUTO PREMIER PTE LTD
Co Reg No	201700184H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97849075
Alternative Phone No	OFFICE-97849075
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE 1.6 AUTO ABS AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994102
Cover Note Number	
Dulineau	

## Driver

Name of Driver THIYAGARAJ S/O LOGANATHAN

 NRIC No
 \$8200673G

 Date Of Birth
 01/01/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/07/2002

Driving Experience 17 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81274999

Fax Number

Contact Number OFFICE-81274999

EMail Address NOEMAIL

**BLK 707 HOUGANG AVENUE 2** Address

#13-91

Postcode 530707

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

### **General Information of the Accident**

**CHAIN COLLISION** Type Of Accident

Weather Conditions **CLEAR** 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? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

NO

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

# **Circumstances of Accident**

REFER TO STATEMENT.

### Attachment(s)

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

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLV4013D Vehicle Make/Model/Colour **JAGUAR** 

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 94555419

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJL9096H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 92327981

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### 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)

Lunderstand, 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)
  - (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.

Date & Time:

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

Date & Time:

Reporting Centre Personne s Signature

NRIC/FIN No.:

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ESCRIBE CIRCOMSTANCES OF THE ACCIDENT	
ON 21/01/2020 AT ABOUT 11: SOAM, I WAS TRAVELLING ALONG ORCHARD ROAD FERE	y ave a
Passenger.	
THE CAR (C) STL 90964 JAMMED BRAKE DUE TO HIS FRONT CAR BRAKED SUD	DENLY
CAUSING ME TO BRAKE AND I STUPPED ON TIME. UNFORTUNELY, USTICLE	(13)
SLV 4013 D HIT HARD ONTO MY REAR VEHICLE (A) SIX 3849 THUS	
GREAT IMPACT CAUSED MY VEHICLE SURGE FORWARD AND HIT ONTO VEHIC	LE (c)
SJL 9096H REAR BUMPER AS ALSO THE ROAD WAS WET DUE TO THE R	
AFTER THE ACCIDENT ALL DRIVERS EXCHANGED PARTICULASE.	

# DECLARATION

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

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

Address State (Balance VI







**Accident Photo** 



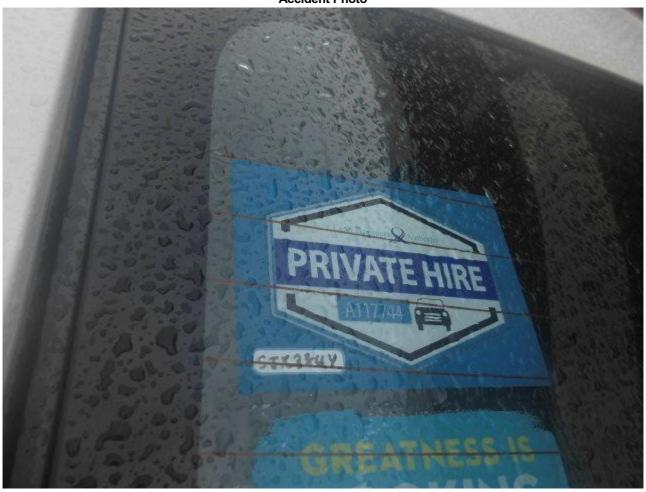


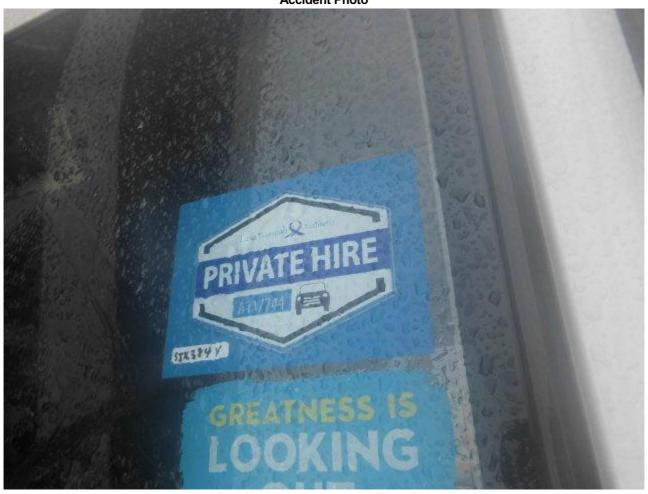












**Accident Photo** 



