

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	06/09/2019 17:42
Date Of Accident	05/09/2019 16:35
Exact Location Of Accident	MELVILLE PARK CAR ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6078Y
Insured/Policyholder	
Name Of Registered Owner	CHITTARANJANESHWAR JHA
NRIC No	SXXXX290C
Email Address	C_JHA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93832737
Alternative Phone No	OFFICE-93832737

Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8T FSI MU 8K203
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	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	2100387227-04
Cover Note Number	

Driver

Name of Driver	ARCHANA JHA
NRIC No	SXXXX204I
Date Of Birth	11/09/1975
Occupation	INDOOR
Date Of Driving Pass	23/07/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92715015
Fax Number	
Contact Number	
Email Address	JHA.ARCHANA@GMAIL.COM

Address	18 SIMEI STREET 1 MELVILLE PARK #10-13
Postcode	529943
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	3
Passenger 1	NAME: : PRANAV JHA GENDER: : MALE
Passenger 2	NAME: : PRAGYA JHA GENDER: : FEMALE

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

AS I WAS DRIVING TO ENTERING MELVILLE PARK CAR ENTRANCE, I FOUND OUT THE CAR IN FRONT OF ME IS TRYING TO MAKE A REVERSING, THEN I MAKE MY OWN STOPPING. SUDDENLY THE CAR WITH CAR PLATE NUMBER SLT 7609 B REVERSING AND BANG MY FRONTAL BUMPER AND FENDER. THE SECURITY GUARD OFFICER ALSO WRITE DOWN THE DETAIL OF THE THIRD PARTY DRIVER FOR ME.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT7609B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
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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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:

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


Reporting Centre Personnel's Signature
Name: *Goh Shu Hao, Tony*
NRIC/FIN No.: *G0857792K*

Sketch Plan #2

SKETCH PLAN



Reversing bang my
front left bumper
and fender.

A → SKP 6078 Y

B → SLT 7609 B.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was driving to Entering Melville Park car entrance. I found out the car in front of me is trying to make a Reversing, then I make my own stopping. Suddady the car with car plate number SLT 7609 B reversing and bang my frontal bumper and fender. The security guard officer also write down the detail of the third party driver for me.

DECLARATION

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

Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name: Goh Shi Hao, Tony
NRIC/FIN No.: G8S 7792K

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



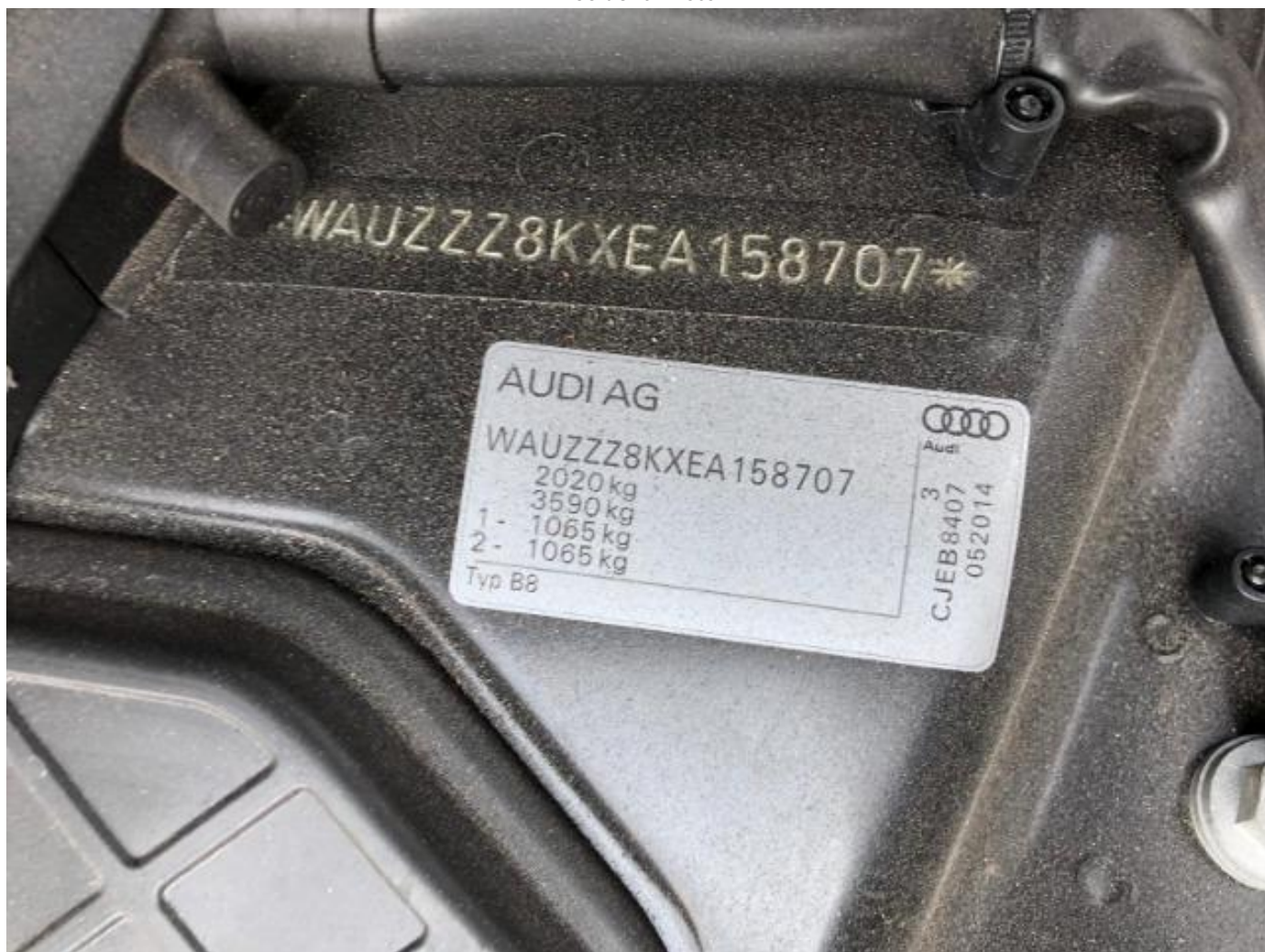
Accident Photo



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Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA119118448 Vehicle Registration No: SKP 6078 Y
Name (as shown in NRIC) : Chittaranjaneshwar Jha NRIC/FIN/Passport No : SXXXX290C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 18 Simei Street 1 Melville Park #10-13 Singapore(529943)
Contact (Tel) : _____ Mobile No. : +65 93832737
Email Address : C_JHA@HOTMAIL.COM
Date of Accident : 5/9/2019 Time of Accident : 16:35
Place of Accident : Melville Park Car Entrance
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Convert TP Claim to OD Claim



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Kelvin Khoo
NRIC/FIN No.: G8768902L
Date: 22/10/2019

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE FINANCIAL MANAGEMENT CENTRE
 8 Raffles Quay #18-01 Singapore 048582
 Tel: 63424100 Fax: 63424102
 Operating Hours: Monday to Friday 0900 - 1700
 (not operational on Sat, Sun & Public Hols)

IMPORTANT NOTE: Please submit the completed Addendum form to the **GIAS** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : MPA110110445 Vehicle Registration No. : EXP9078Y
 Name (as shown on ID) : CHITTARANJANESHVAR JHA NRIC/IN/Passport No. : S7183290C
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 18 SIMEL STREET 1 MELVILLE PARK Singapore (520943)
 Contact (Tel) : 92715015 Mobile No. : _____
 Email Address : C_JHA@HOTMAIL.COM
 Date of Accident : 05/09/2010 Time of Accident : 18:35
 Place of Accident : MELVILLE PARK CAR ENTRANCE
 Insurance Company : AIG ASIA PACIFIC INSURANCE PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

(I have made a report on the above mentioned accident and would like to include additional information or make the following amendments):

TO COVERT OWN POLICY CLAIMS TO REPORTING ONLY


 Policyholder / Driver's Signature
 Date: 05/09/2010


 Reporting Centre's Signature
 Name: _____
 Title: _____
 Date: _____