

## 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	19/06/2020 16:36
Date Of Accident	18/06/2020 20:30
Exact Location Of Accident	NORTH BUONA VISTA RD NEAR HOLLAND RD CROSSING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3282C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOMA SAHARAY
Passport No/FIN	GXXXX577Q
Email Address	SAHARAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97267223
Alternative Phone No	OFFICE-97267223

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI
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?	YES
If No, Please state action to be taken	
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	1800103767
Cover Note Number	

### Driver

Name of Driver	TAMAL SAHARAY
NRIC No	GXXXX047Q
Date Of Birth	26/10/1971
Occupation	INDOOR
Date Of Driving Pass	27/09/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97267223
Fax Number	
Contact Number	
Email Address	SAHARAY@GMAIL.COM

Address	9, SERANGOON AVENUE 2
Postcode	
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	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	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

DURING RETURNING FROM OFFICE TO HOME ON NORTH BUONA VISTA ROAD NEAR HOLLAND ROAD CROSSING, APPLIED BRAKES DURING HEAVY RAIN, BUT CAR DID NOT STOP IN TIME AND HIT THE REAR BUMPER OF A STATIONARY CAR IN FRONT. THE OTHER PARTY WILL NOT CLAIM AND TO BE SETTLED PERSONALLY. NO PERSON WAS INJURED BY THIS INCIDENT.

#### 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	SKA8934S
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:

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

Reporting Centre Personnel's Signature  
Name: WONG KIM HEE  
NRIC/FIN No.: 62981152

## Sketch Plan #2

### SKETCH PLAN

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

During Return from office to Home  
 on ~~North~~ North Zubaa Vista Road  
 near Holland road crossing, Applied  
 Brakes during heavy rain, but car did  
 not stop in time and hit the ~~front~~ Rear Bumper  
 of a stationary car in front.  
 The other party will not claim  
 and to be settled personally.  
 No person was injured by the  
 incident.

### 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 policy holder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: ~~WONG~~ SEAH, George  
NRIC/FIN No.: G2987143X

QIARMC Sketch Plan Form\_V3



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo

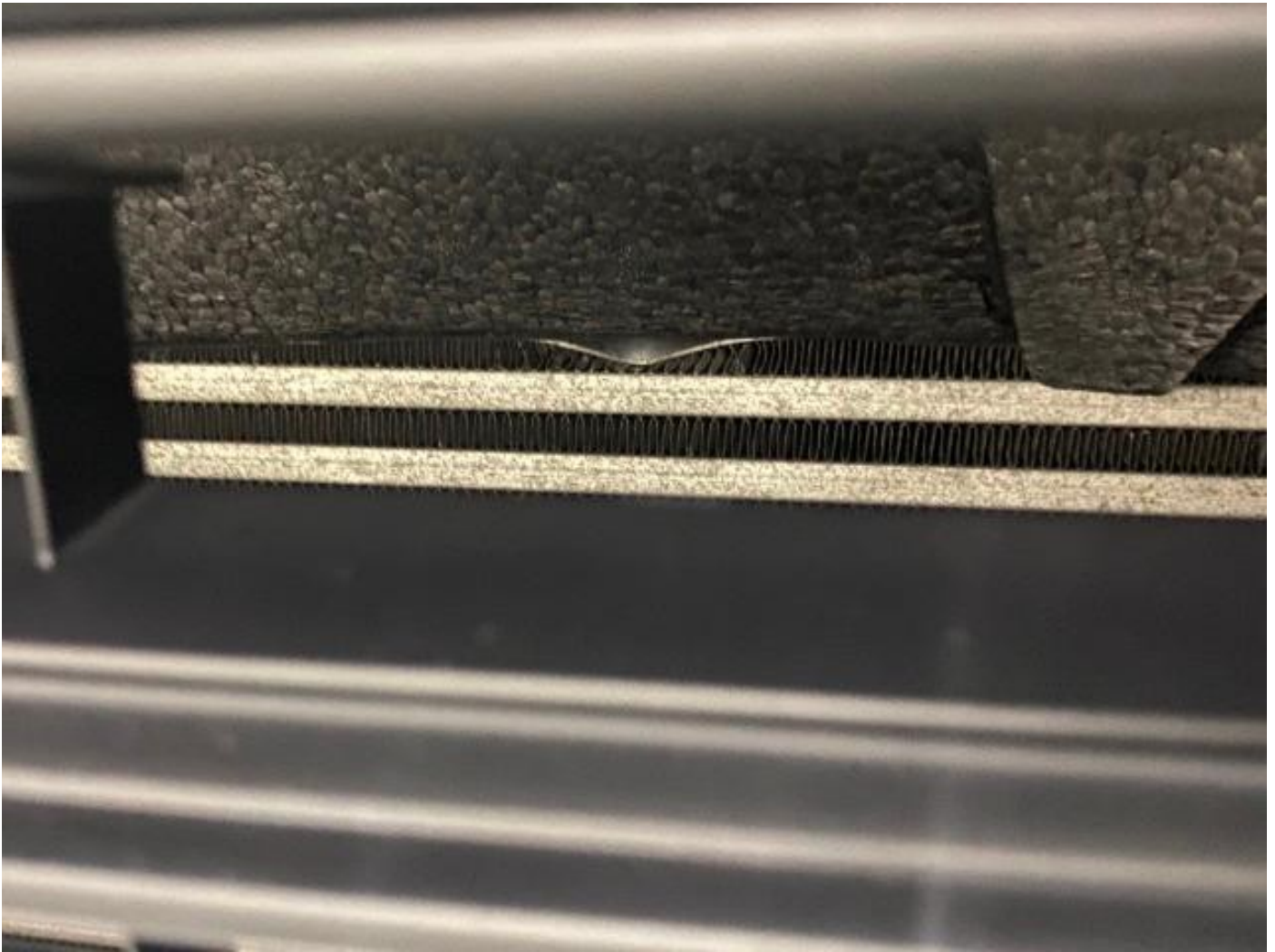




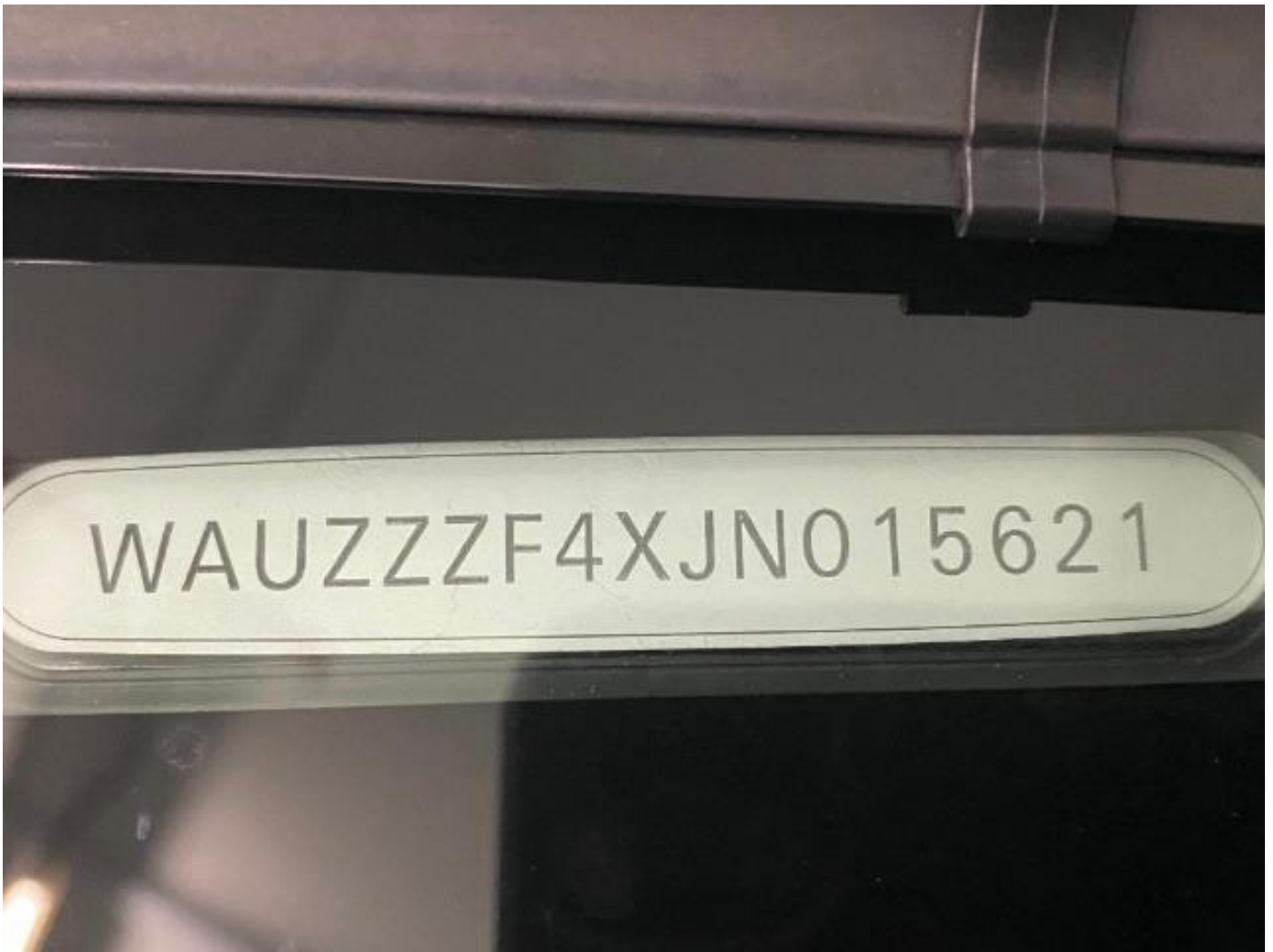
Accident Photo



Accident Photo



Accident Photo



## Addendum Sheet



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0030 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S6659070G / 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 : MPA120052727 Vehicle Registration No: SME3282C  
Name (as shown in NRIC) : SOMA SAHARAY NRIC/FIN/Passport No : GXXXX577Q  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 9 SERANGOON AVE 2, #10-25 Singapore (556134)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97267223  
Email Address : SAHARAY@GMAIL.COM  
Date of Accident : 18-Jun-20 Time of Accident : 2030  
Place of Accident : NORTH BUONA VISTA RD NEAR HOLLAND RD CROSSING  
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 AMEND THE NAME OF POLICYHOLDER AND DRIVER'S NAME.

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: WONG KHONG SENG, George  
NRIC/FIN No.: G298143X  
Date: 24/6/2020