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 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

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	ACCIDENT STATEMENT
Date Of Report	11/08/2020 11:04
Date Of Accident	08/08/2020 17:30
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME2867Y
Insured/Policyholder	
Name Of Registered Owner	DUMIR NEERAJ
NRIC No	SXXXX327A
Email Address	DUMIR@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91720001
Alternative Phone No	OFFICE-91720001
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI
Exact Purpose for which vehicle was being used time of accident	d at PRIVATE USE
Are you claiming under your own insurance polifor repair to your vehicle?	cy 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.
T Of O	COMPREHENDIVE

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 1800114782

Cover Note Number

Driver

Name of Driver KAPUR JYOTSNA NRIC No SXXXX949D Date Of Birth 22/11/1977 Occupation **INDOOR Date Of Driving Pass** 12/04/2007

Driving Experience 13 YEARS AND 3 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96353264

Fax Number

Contact Number

EMail Address JYOTSNAKAPUR@YAHOO.COM Address 152 PRINCE CHARLES CRESCENT

#17-08

Postcode 159013

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 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

INV

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

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

ambulance?

NAME: : NEERAJ DUMIR

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 (JYOTSNA KAPUR) WAS DRIVING IN THE MIDDLE LANE ON HOLLAND ROAD. THE CAR IN FRONT OF ME WAS CHANGING LANES AND DURING THE LANE CHANGING BRAKED ABRUPTLY. I ALSO APPLIED BRAKES BUT WAS NOT ABLE TO STOP EARLY ENOUGH AND COLLIDED INTO THE RIGHT END OF THE REAR BUMPER OF THE CAR.

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 SMP1198T

Vehicle Make/Model/Colour VOLVO XT 60

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NG LI-YEN
NRIC/Passport Number SXXXX243Z
Contact Number 97911011

Address 28 WATTEN DRIVE

Postcode 287863

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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:
 - 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:
 - 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: 11th Aug 2020

9:02 am

Driver Signature

(If driver is not the policyholder)

Date & Time: 11/8/2020 9:02an Reporting Centre Personnel's Signature Name: Wind Wind SEAG, George

NRIC/FIN No.: 42981146

			A-SME 2867)
		- Holland Road	B - SMP 11987
SCRIBE CIRCUMSTANCES OF		XI middle lane	as Holland
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the lane changin	g braced about	ly I also applied	makes but
hero not able k	shop early enough	and b course	a inis the
right end of the	rear runper of c	he law.	
			A PTE
	rs are true in every respect		
CLARATION Ve declare the foregoing particular	rs are true in every respect.		





















