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

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	ACCIDENT STATEMENT
Date Of Report	07/09/2020 13:18
Date Of Accident	06/09/2020 11:25
Exact Location Of Accident	TPE LOYANG AVE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK2210K
Insured/Policyholder	
Name Of Registered Owner	ASIT PATANGE
NRIC No	SXXXX413Z
Email Address	SEEK_ASIT@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81869587
Alternative Phone No	OFFICE-81869587
Vehicle Particulars	
Manufacturer	AUDI
Model	A4-2.0 TFSI QU S-TRONIC (A)
Exact Purpose for which vehicle was being used a 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 1900081023-01

Cover Note Number

Driver

Name of Driver

ASIT PATANGE

NRIC No

SXXXX413Z

Date Of Birth

19/12/1971

Occupation

INDOOR

Date Of Driving Pass

12/02/2020

Driving Experience 0 YEAR AND 6 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81869587

Fax Number

Contact Number OFFICE-81869587

EMail Address SEEK ASIT@YAHOO.COM

33 PASIR RIS LINK Address

#08-30

Postcode 518154

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

2

NO

NO

2

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

NO

Was any body injured in the Accident?

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)

Passenger 1

NAME: : SHARMILA S

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-5852999 - FAX NO: 65855261 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON THE ABOVE DATE, TIME AND LOCATION, I WAS THE DRIVER OF SMK2210K. WHILE I WAS TRAVELLING ALONG THE THIRD LANE OF TPE TOWARDS LOYANG AVE EXIT, I SLOWED DOWN IN AN ATTEMPT TO MAKE A LEFT LANE CHANGE INTO THE SECOND LANE. AS I SLOWED DOWN THE CAR, I FELT AN IMPACT COMING FROM THE REAR. THE IMPACT CASED MY SPECTACLE TO FALL OFF. I THEN MANAGE TO SLOW DOWN SAFELY AND COME TO A COMPLETE STOP. WHEN I ALIGHTED FROM THE VEHICLE, I REALIZED THAT MY VEHICE WAS INVOLVED IN A CHAIN COLLISION WITH FEW OTHER CARS. I ASSUME THAT THE CAR (SMH1466L) BEHIND ME WAS HIT BEFORE IT HIT ONTO THE REAR OF MY VEHICLE. I THEN EXCHANGED PARTICULARS WITH THE DRIVER OF THE SMH1466L BEFORE CONTINUING MY JOURNEY. AT THAT POINT, I DO NOT WITNESS ANY INJURY TO ANYONE. AT ABOUT 1320HRS, I RECEIVED A CALL FROM TRAFFIC POLICE INFORMING ME THAT SOMEONE WAS INJURED IN THE EARLIER ACCIDENT. HENCE, HE REQUIRES ME TO LODGE A TRAFFIC ACCIDENT REPORT.

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

SMH1466L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

HYUNDAI BLUE

PRIVATE CAR

SIM

96561165

Sketch Plan

SKETCH PLAN

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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: 67/09/20

10.45 am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 07/09/20

10.45 am

Reporting Centre Personnel's Signature

Name: Terrence an

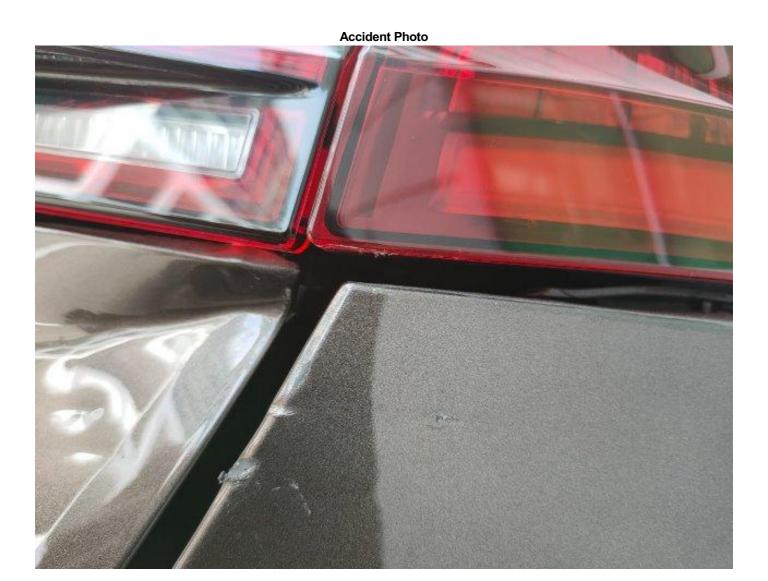
NRIC/FIN No.: 689312987

GIARMC SketchPlanForm_V3

Sketch Plan #2

		(A)	A-SME 2210E B-SMH 1466L C-YM 2007 K
ESCRIBE CIRCUMSTAN			
Reter to the	police repor	I for detail	4.
NOATION:			
ARATION declare the foregoing parti	iculars are true in even	/ respect.	- La
ARATION Seclare the foregoing particular and	Driver's Signatu	4	Reporting Centre Personnel's Signature Name: Tendru Tan NRIC/FIN No. (4 8 9312987









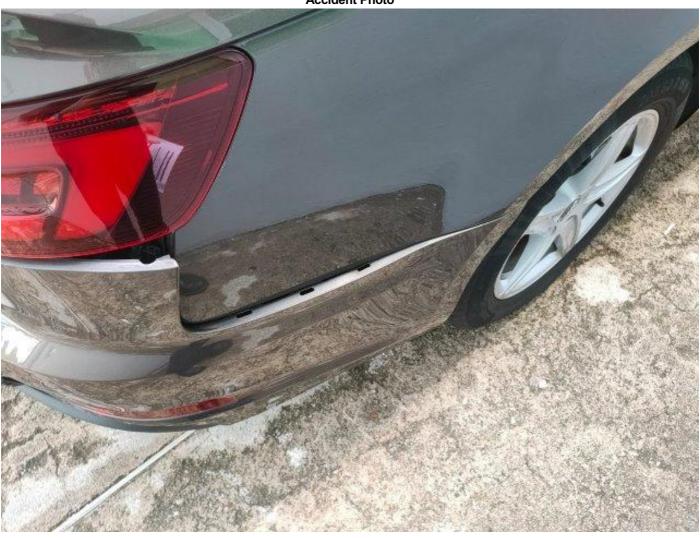






Accident Photo



















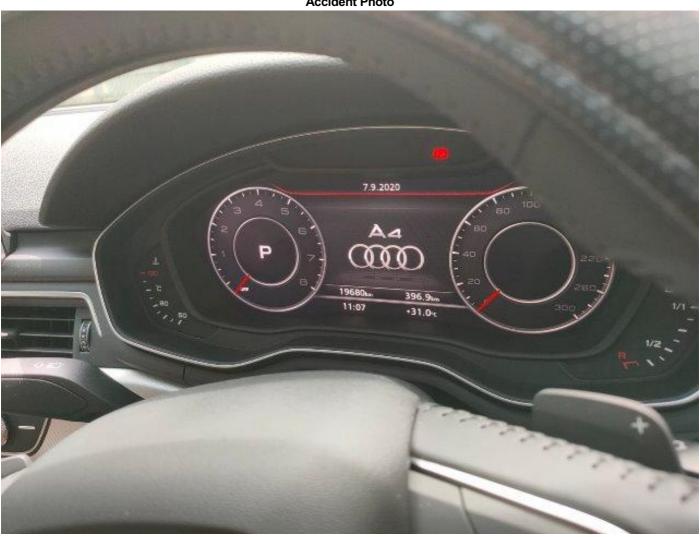






















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0030 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09-00 – 17:00 UEN: \$665500200 / GST Rag. No.: M600017735

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

				AD	DENDL	M	
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:						
	Original Report No : HPA 120077053 Name(as shown in NRK): ASI t Patange			Vehicle Registration No: 5Mk 2210 k			
				33.1	NRIC/FIN/PassportNo : 57(66413 Z		
	(*Vehicle Driver/\	/ehicle C	Owner	(*) Please de	lete as ap	propriate	
	Address	1	33	Pasir Ris	Link	H02-30	Singapore(Signs 4)
	Contact (Tel)					Mobile No.: 81264587	
	Email Address	: 5	cale_	- Asir@Yah	w.com		
	Date of Accident		6191	10		_Time of Accident :	11:25
	Place of Accident	:	TPE	Loyang ,	ive ex		
	Insurance Compan	y:	ALL				
	Haten						
	Policyholder / Driver Date: 08/09/2	's Signat	ure			Reporting Centre Per Name:	rsonnel's Signature

NRIC/FINNo.: Date:

ABVC JORGANAPACTOR