

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	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 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	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
EEmail Address	SEEK_ASIT@YAHOO.COM

Address	33 PASIR RIS LINK #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	-
	-
	-

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)	2
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
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
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 CAUSED 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 VEHICLE 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
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Vehicle Make/Model/Colour	HYUNDAI BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM
NRIC/Passport Number	
Contact Number	96561165
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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: 07/09/20
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: TERENCE TAN
NRIC/FIN No.: 68931288T

Sketch Plan #2

SKETCH PLAN

A-SMK 2210K
B-SMH 1466L
C-YM 702 K


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report for details.

DECLARATION

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


Policyholder's Signature
Date & Time: 07/07/20
10:45 am
GIARVIC SketchPlanForm_V3


Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/07/20
10:45 am


Reporting Centre Personnel's Signature
Name: Tendaru Tan
NRIC/FIN No: 89312987

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



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Accident Photo



Accident Photo



Accident Photo



The image shows the front trunk (frunk) of an Audi A1. On the left, there is a black first aid kit with a white cross and the text "VERBANDTASCHE", "FIRST AID KIT", "PREMIER SECOURS", and the Audi logo. To the right, there is a black battery with the Audi logo and the text "Audi", "Audi Technik, Vehicle Electronics", and "CHARGING". The battery is connected to the vehicle's electrical system via a black cable. The frunk is made of light-colored plastic and has several screws and mounting points visible.

Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #15-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S669300200 / 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 : MPA120078053 Vehicle Registration No: SHK 2210 K
Name(as shown in NRIC) : Asit Patange NRIC/FIN/Passport No : S7168413 Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 33 Pasir Ris Link #08-30 Singapore(Singapore)
Contact (Tel) : _____ Mobile No. : 81869587
Email Address : Scot - Asit@yahoo.com
Date of Accident : 6/9/20 Time of Accident : 11:25
Place of Accident : TPE LORONG AVE Exit
Insurance Company: AIG

(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 convert to OD claim


Policyholder / Driver's Signature
Date: 08/09/2020

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____