

## 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	24/10/2020 21:09
Date Of Accident	24/10/2020 16:20
Exact Location Of Accident	PIE 12.5KM MARK (LAMPPOST NO 565F)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMR3540P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VENUGOPAL AJIT
NRIC No	S7188415E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96573681
Alternative Phone No	Office-96573681

<b>Vehicle Particulars</b>	
Manufacturer	JAGUAR
Model	F-PACE PRESTIGE I4D-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900262753
Cover Note Number	

<b>Driver</b>	
Name of Driver	VENUGOPAL AJIT
NRIC No	S7188415E
Date Of Birth	02/02/1971
Occupation	INDOOR
Date Of Driving Pass	14/12/2019
Driving Experience	0 YEAR AND 10 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-96573681
Fax Number	
Contact Number	OFFICE-96573681
EMail Address	NOEMAIL
Address	91 KELLOCK ROAD #05-02 SINGAPORE
Postcode	248903
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO ATTACHED

#### 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	SDB2328J
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMR4371D  
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC8514X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan


### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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:  
NRIC/FIN No.:

Refer to Police Report

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201024/2075

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

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Report No. T/20201024/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/10/2020 18:31		Vide Report No.:		Station Diary No.: 36	
<b>Informant's Particulars</b>					
Name of Informant: VENUGOPAL AJIT			Address: 91 KELLOCK ROAD #05-02 SINGAPORE 248903		
ID Type / ID No.: NRIC NO / S7188415E			Contact No.: Home/Office: Mobile: 96573681		
Nationality: INDIAN			Email: av17crav@gmail.com		
Sex: Male	Age: 49	Date of Birth: 02/02/1971	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: EXECUTIVE VICE PRESIDENT			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/10/2020 16:20	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 565F				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDB2328J	Car					3
SHC8514X	Car					1
SMR3540P	Car	JAGUAR	F-PACE 2.0P AWD	Blue	Slightly Damaged	1
SMR4371D	Car				Slightly Damaged	1

Police Report



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POLICE FORCE**



T/20201024/2075

Police Station Of Origin:  
River Valley NPP  
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Tel No: 1800-2789999

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Report No. T/20201024/2075

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR3540P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900262753	30/12/2019	29/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DANIEL		ID No. NIL
Related Vehicle	SDB2328J (Car)		Contact No. 97867370
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	VENUGOPAL AJIT		ID No. S7188415E
Related Vehicle	SMR3540P (Car)		Contact No. 96573681
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/10/2020 at about 1620hrs, I was driving my car (SMR3540P) along PIE towards River Valley. I was driving my car on the extreme right lane.

All of a sudden, the driver of the car (SMR4371D) which was in front of mine applied the sudden brake because the comfort taxi (SHC8514X) which was in front of the other car had stopped for unknown reasons. This caused me to immediately apply my brake too. I managed to stop on time and there was no collision.

However, the car (SDB2328J) which was behind me did not managed to stop on time and collided with the rear of my car. As such, my car moved and hit the rear of the car which was in front of mine. This caused my car to sustain minor scratches on the rear and the front number plate to be dented. The other car which was in front of mine sustained minor damages on its rear too. The car which hit my car from the rear sustain major damages on its front.

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20201024/2075

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

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Report No. T/20201024/2075

**CONTINUATION OF REPORT**

I wish to state that the entire incident has been captured in my vehicle camera. We took photos of the incident and I only managed to take down all the vehicle numbers who were involved and the particulars of the driver who hit my car. I did not take down the particulars of the first two cars as they drove off even before I engaged with them.

No one was injured. No government properties were damaged. No police and no ambulance were at scene.

I am lodging this report for record and insurance claims purposes.

**Police Report**





**SINGAPORE  
POLICE FORCE**



T/20201024/2075

Police Station Of Origin:  
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Report No. T/20201024/2075

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sr Staff Sgt NADARAJAH S/O PONMUDI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/10/2020 18:31

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo





Accident Photo



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