#### 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	10/11/2020 12:58
Date Of Accident	09/11/2020 18:50
Exact Location Of Accident	LORNIE EXIT THOMSON
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD6910X
Insured/Policyholder	
Name Of Registered Owner	KEVIN GREGORY RAJAN
NRIC No	SXXXX034C
Email Address	KGR3055@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97921227
Alternative Phone No	OTHERS-97921227
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 TSI (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?	NO
If No, Please state action to be taken	THIRD PARTY
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	2070089618
Cover Note Number	
Driver	
	V=100 0=100 0=100 0

Name of Driver KEVIN GREGORY RAJAN

NRIC No SXXXX034C

Date Of Birth 27/10/1972

Occupation INDOOR

Date Of Driving Pass 29/01/1996

Driving Experience 24 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97921227

Fax Number

Contact Number OTHERS-97921227
EMail Address KGR3055@GMAIL.COM

BLK 179 ANG MO KIO AVENUE 5 Address

#13-2876

Postcode 560179

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

1

**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

Was any body injured in the Accident? NO

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)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)

ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY: Police Station Address

**SINGAPORE** 

NO

Police Station Contact TEL NO: 1800-3910000 - FAX NO: 63964900

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT E/20201109/7035

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 FBN4003T

Vehicle Make/Model/Colour

**Details Of Properties** 

**MOTORCYCLE** Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 16

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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:

Driver's Signature

(if driver is not the policyholder)
Date & Time:

Reporting Centre Persy

Name:

NRIC/FIN No.:

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### **Accident Sketch Plan**

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CRIBE CIRCUMSTANCES O	F THE ACCIDENT					
LARATION declare the foregoing particul	ars are true in every res	pęct.			///	

#### **POLICE REPORT**





1 of 2

Report No. E/20201109/7035

# POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Date/Time Report Made 09/11/2020 22:19	Vide Report No.  Address  Contact No. Home/Office: Mobile: 97921227  Email Address kgr3055@gmail.com		Station Diary No.	
Name Of Informant KEVIN GREGORY RAJAN				
ID Type / ID No. NRIC NO / S7274034C				
Nationality MALAYSIAN				
Occupation F&B manager	Sex Male	Age 48	Date of Birth 27/10/1972	Race
Institution/School Name	Language English		mulati	
Date/Time Of Incident 09/11/2020 18:50 - 09/11/2020 18:55	Location Of Incident LORNIE ROAD			
Brief details.	,=011111	110/10		

On the mention date and time while I'm travelling at lornie exit thomson first lane near a bus stop SLD6910X sudden I heard a bang from my rear area when I turn back I saw a motor cyclist FBN4003T fell on the road therefore I stop and go down and check on the rider he hit my rear bumper and fell and he had abrasion injury on his hand and legs he was convey to hospital after bandaged.

I had no injury.

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 09/11/2020 22:19
Classification Of Case:

### POLICE REPORT





POLICE REPORT (NP299)

CONTINUATION OF REPORT

2 of 2

Report No. E/20201109/7035

Person Name	KEVIN GREGORY RAJAN			
ID Type Gender Race Occupation Is Informant A	NRIC NO Male Indian F&B manager Yes	ID No Age Language Mobile No	S7274034C 48 English 97921227	
Victim? Person Name	KEVIN GREGORY RAJ	AN (Informati)		

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter:			
Not applicable	Date/Time: 09/11/2020 22:19		
Officer In-Charge Of Case:			
	Classification Of Case:		
Authentication Stamp			

















