

## 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             | 23/11/2020 13:12                      |
| Date Of Accident           | 22/11/2020 09:30                      |
| Exact Location Of Accident | CARPARK BASEMENT O 3 TANJONG RHU ROAD |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMT6678X             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | BIPIN BALAKRISHNAN   |
| NRIC No                     | S7387257Z            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-84281440 |
| Alternative Phone No        | OTHERS-84281440      |

### Vehicle Particulars

|  |  |
|--|--|
| Manufacturer   | LAND ROVER                                 |
| Model  | DISCOVERY SPORT-2.0 D 7-SEATER (180PS) (A) |
| Exact Purpose for which vehicle was being used at time of accident           | SOCIAL                                     |
| 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             | 2070104654                           |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | BIPIN BALAKRISHNAN    |
| NRIC No              | S7387257Z             |
| Date Of Birth        | 31/12/1973            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 18/03/2004            |
| Driving Experience   | 16 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-84281440  |
| Fax Number           |                       |
| Contact Number       | OTHERS-84281440       |
| Email Address        | NOEMAIL               |

|   |                              |
|---|------------------------------|
| Address   | 3 TANJONG RHU ROAD<br>#03-01 |
| Postcode  | 436881                       |
| 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 | -<br>-<br>-                  |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                  |

#### General Information of the Accident

|                    |                              |
|--------------------|------------------------------|
| Type Of Accident   | COLLIDED INTO PARKED VEHICLE |
| 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: : VEDA BALAKRISHNAN<br>GENDER: : FEMALE |

#### 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 ATTACHMENT.

#### 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 | SJR732H        |
| Vehicle Make/Model/Colour   | BMW S20I WHITE |
| Details Of Properties       |                |
| Vehicle Category            | PRIVATE CAR    |
| Name of Driver              | DESMOND CHOO   |
| NRIC/Passport Number        |                |
| Contact Number              |                |
| Address                     |                |
| Postcode                    |                |
| Insurance Company Name      |                |
| Nature Of Damage            |                |

No. Of Passenger (Including Driver)

# Accident Sketch Plan

| SINGAPORE ACCIDENT STATEMENT  |   |
|---|---|
| <b>IMPORTANT NOTICE</b>   |   |
| 1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.<br>2. Please report correctly the details of the accident to speed up the claims process.<br>3. This Form must be completed by the Policyholder and/or the Authorised Driver.<br>4. 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.<br>5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.<br>6. Any false reporting may be referred to the Traffic Police Department for investigation. |   |
| <b>ACCIDENT STATEMENT</b>   |   |
| Date and Time of Accident   | Date: 22/11/2020 Time: 9:30   |
| Exact Location of Accident  | Car park Basement of 3 Tanjong Pagar Road   |
| <b>DETAILS OF OWN VEHICLE</b>   |   |
| Vehicle Registration Number   | SMT 6678X   |
| <b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>   |   |
| Name of Registered Owner (See Insurance Cert.)  | BIPIN BALAKRISHNAN  |
| Personal Identification - NRIC (Singaporean/PR)   | S7387257Z   |
| - FIN/Passport Number   |   |
| - Not Applicable  |   |
| <b>VEHICLE PARTICULARS (OWN VEHICLE)</b>  |   |
| Vehicle Make / Model  | Manufacturer Land Rover Model Discovery Sport 2.0   |
| Type of Vehicle*  | <input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry<br><input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____ |
| 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?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, Pls select: <input type="radio"/> Third Party <input type="radio"/> Reporting)  |
| Vehicle Category*   | <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle  |
| <b>INSURANCE COMPANY (OWN VEHICLE)</b>  |   |
| Name of Insurance Company *   | AIG   |
| Type of Policy  | <input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only   |
| Fleet Policy  | <input type="radio"/> Yes <input checked="" type="radio"/> No   |
| Policy Number   | 2070104654  |
| Motor CI  |   |
| <b>DRIVER</b>   | <input checked="" type="checkbox"/> Same as Insured above   |
| Name of Driver  | BIPIN BALAKRISHNAN  |
| Personal Identification - NRIC (Singaporean/PR)   | S7387257Z   |
| - FIN/Passport Number   |   |
| Date of Birth   | 31 dd/ 12 mm/ 1973 yy   |
| Driving Date Pass   | 18 dd/ 03 mm/ 2004 yy   |
| Year of Driving Experience  | 18 Year(s) Month(s)   |
| Occupation  | LAWYER <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor  |
| Gender  | <input checked="" type="radio"/> Male <input type="radio"/> Female  |
| Contact Number / Mobile Phone / Fax No.   | 84281440  |

|   |  |         |
|---|--|---------|
| Address of Driver   | 3 TANJONG RHU ROAD, THE WATERSIDE<br>#03-01, SINGAPORE Postcode (436881)                                   |         |
| Email Address   | bipin.balakrishnan@gmail.com   |         |
| Was driver an employee of the Insured's Company?                                      | <input type="radio"/> Yes <input checked="" type="radio"/> No  |         |
| If No, Relationship of the Driver with the Insured                                    | Driver is the insured  |         |
| Vehicle Registration Number of Driver's Own   | <input type="radio"/> Yes <input type="radio"/> No   |         |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable)                   |  |         |
| Insurance Company of Driver's Own Vehicle (if applicable)                             |  |         |
| <b>GENERAL INFORMATION OF THE ACCIDENT</b>  |  |         |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | Side swipe   |         |
| Weather Conditions  | <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____   |         |
| Road Surface  | <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____         |         |
| <b>OTHER INFORMATION</b>  |  |         |
| Was any foreign vehicle involved in this accident?                                    | <input type="radio"/> Yes <input checked="" type="radio"/> No  |         |
| Was any body injured in the accident?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |         |
| Was any other vehicle or property damaged?  | <input type="radio"/> Yes <input checked="" type="radio"/> No  |         |
| Was there any video captured by Car Camera?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |         |
| Number of Passengers (Including Driver)   | Two  |         |
| <b>DETAILS OF POLICE ACTION</b>   |  |         |
| Was the Accident reported to the Police?  | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.) |         |
| Police Station Name   |  |         |
| Police Station Address  |  |         |
| Police Station Contact  | Tel No.  | Fax No. |
| Was notice of intended Prosecution given?   | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)                      |         |
| <b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>  |  |         |
| Vehicle Registration Number   | SR 732 H   |         |
| Vehicle Make/ Model/ Colour   | BMW 520i / white   |         |
| Details of Properties   |  |         |
| Name of Driver  | No driver (owner Desmond Choo)   |         |
| Personal Identification - NRIC (Singaporean/PR)                                       |  |         |
| - FIN/Passport Number   |  |         |
| Contact Number  | 9639 7358  |         |
| Address   | 3 Tanjong Rhu Road, #03 THE WATERSIDE, SINGAPORE - 436881  |         |
| Name of Insurance Company   |  |         |
| Nature of Damage  | Damage near front right bumper and broken head lamp right  |         |
| No. of Passenger (Including Driver)   | None   |         |

(Note - Please use page 15 if you need to add more vehicles.)

## SKETCH PLAN


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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:

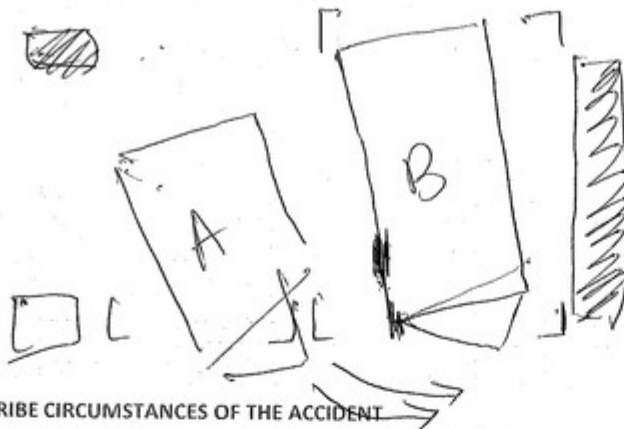
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 23/11/2020 9:00 AM

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



*in the condo parking lot in the basement.*

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~My~~ My car was parked next to the BMW. When I parked at night I noticed that the BMW had been parked badly with the back not aligned. I had to park by compensating for that so that there would be space to manoeuvre.

In the morning when I took ~~the~~ <sup>my</sup> car out I tried to avoid bumping into the back of the BMW and in that process hit the front of the car as I turned out of the parking lot. I was at just 5/10 km/hr speed.

## DECLARATION

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

*[Signature]*


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.:

Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7387257Z




Name  
**BIPIN BALAKRISHNAN**

Race  
**INDIAN**

Date of birth  
**31-12-1973**

Country of birth  
**INDIA**

Sex  
**M**





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7387257Z**

Name:  
**BIPIN BALAKRISHNAN**

Birth Date: **31 Dec 1973**

Issue Date: **07 Oct 2016**



9114778



NRIC No: **S7387257Z**



Nationality  
**INDIAN**

Date of Issue  
**10-01-2011**

**3 TANJONG RHU ROAD #03-01  
SINGAPORE 436881**

NRIC No: **S7387257Z** Date: **05/06/2019**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

|          |  | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles <= 200 cc  | 18 Mar 2004    |
| Class 3  | Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg | 18 Mar 2004    |

NP 428A

Licence No: **S7387257Z**







## COVER NOTE

### WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

|                             |                              |                        |               |
|-----------------------------|------------------------------|------------------------|---------------|
| <b>Name of Policyholder</b> | : BIPIN BALAKRISHNAN         | <b>Vehicle No.</b>     | :             |
| <b>Period of Insurance</b>  | : 13 Jul 2020 to 12 Jul 2022 | <b>Cover Note No.</b>  | : 2070104654  |
| <b>Engine No.</b>           | : 191014Y0663PT204           | <b>Endorsement No.</b> | :             |
| <b>Chassis No.</b>          | : SALCA2AX9LH847986          | <b>Issued Date</b>     | : 13 Jul 2020 |

#### ABOUT THE COVER

|  |  |                                   |                |
|--|--|-----------------------------------|----------------|
| <b>Make/Model</b>                                      | : LANDROVER Discovery Sport 2.0P SE (5/7 seater) | <b>First Year of Registration</b> | : 2020         |
| <b>Engine Capacity/Tonnage</b>                         | : 1,997.00 CC                                    | <b>Sum Insured</b>                | : Market Value |
| <b>Driver Restriction</b>                              | : NA   | <b>Off Peak Car</b>               | : No           |
| <b>Person or Classes of Persons Entitled to Drive*</b> | Insuring with COE/PAF : Yes                      |                                   |                |

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

|                      |                     |                          |                     |
|----------------------|---------------------|--------------------------|---------------------|
| <b>Age Condition</b> | : All Age Condition | <b>Mileage Condition</b> | : Unlimited Mileage |
|----------------------|---------------------|--------------------------|---------------------|

**Limitation as to use\***

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### EXCESS

##### Section 1

Fire - \$0 Own Damage - \$900 Theft - \$0 Flood Cover - \$900

##### Section 2

Property Damage - \$0

Windscreen : \$100

**Named Driver and Excess** (where applicable)

BIPIN BALAKRISHNAN - \$900 (Own Damage), \$900 (Flood Cover)

#### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Wearn's Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 63780333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0503486677

WEARNES AUTOMOTIVE - OTS(JLR)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Mn Et Felicia Jn

78 Shenton Way #09-18 AIG Building 6079120 | T: +65 6419 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.

Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



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