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.

aforesaid.						
	ACCIDENT STATEMENT					
Date Of Report	23/11/2020 13:53					
Date Of Accident	20/11/2020 12:20					
Exact Location Of Accident	DUNEARN RD AFT FERRER UNDERPASS					
Country/State of Loss	SINGAPORE					
D	DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SDX344J					
Insured/Policyholder						
Name Of Registered Owner	TITUS ARUNASALAM					
NRIC No	S1556234Z					
Email Address	PLANFORM2010@GMAIL.COM					
Mobile Phone No	(LOCAL) +65-97932297					
Alternative Phone No	OFFICE-NOPHONE					
Vehicle Particulars						
Manufacturer	SUBARU					
Model	FORESTER-2.0 I-L CVT AWD SR (A)					
Exact Purpose for which vehicle was being used at time of accident	PERSONA / LEISURE					
Are you claiming under your own insurance policy for repair to your vehicle?	NO					
If No, Please state action to be taken	REPORTING ONLY					
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	1800156473-01					
Cover Note Number						
Driver						

Name of Driver TITUS ARUNASALAM

NRIC No S1556234Z

Date Of Birth 08/05/1962

Occupation INDOOR

Date Of Driving Pass 07/01/1985

Driving Experience 35 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97932297

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address PLANFORM2010@GMAIL.COM

Address 22 JALAN LABU AYER

Postcode 538034

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.

Number of Passengers (Including Driver)

NO 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

PLEASE REFER TO THE ATTACHED DOCUMENTS

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 SMR2323G Vehicle Make/Model/Colour BMW X5

Details Of Properties REAR PORTION PRIVATE CAR Vehicle Category **AMANDA** 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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DECLARATION

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

Policyholder's Signature Date & Time: 22/1/20

Driver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name

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 insurers) 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:

23/11/20

Driver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN NO .:



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Titus Arunasalam

Vehicle No.

: SDX344J

Period of Insurance

: 31 Dec 2019 To 30 Dec 2020

Policy No.

: 1800156473-01

Engine No.

: FB20YE53902

Endorsement No. **Issued Date**

: 27 Dec 2019

Chassis No.

: JF1SJ5KC5JG112764

ABOUT THE COVER

SUBARU Forester 2.0i-L Make/Model

Engine Capacity/Tonnage : 1,995.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

: NA Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

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

You have to pay an additional sum of \$3,000 as "inexperienced Driver Excess" (1DR1) if You are or Your Authorised Driver (named or uninamed) has less than 2 years' driving experience

Age Condition

: 40 years old and above

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 him or reward, driving fution, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with flesh range or business or use for any purpose in connection with flesh of table.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189). Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Windscreen: \$100

Named Driver and Excess (where applicable)

Titus Arunasalam - \$800 (Own Damage), \$800 (Flood Cover)

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

1 Motor Image Enterprises Pte Ltd. Add. 19 Lorong 8 Toa Payon Singapore 219255 64170100

For other Approved Reporting Centrus/AIG Authorised Repairers, please contact our 24-hour accident emergency hotims at +65-6338-6200. Attematively, you may refer to AIG website www.aig.sg.or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or George Play.

IMPORTANT NOTES

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

We hereby carrify that the policy to which this Certificate of Insurance relates 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, 1897 (Malaysia), Road Transport Act,

TAN CHONG CREDIT SUBARU-ALL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

913 BUKIT TIMAH ROAD SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

heriton Way #09-15 AIG Building 5079120 | T +65 0419 3000 | www.mg ag











Accident Photo



Accident Photo































