

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 Submission 02/02/2021 18:33 (SGT)
Date of Accident 31/01/2021 08:40 (SGT)
Exact Location of Accident Near 5 Tg Rhu Rd, Singapore 436882
Additional Location Information Main gate entry condo waterside
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGR7190K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KANAKASABAPATHY SUBRAMANYAN
NRIC No S2676370C
Email Address subramanyan.kanakasabapathy@jacobs.com
Mobile Phone No (Phone) +65-98320538
Alternative Phone No (Home) +65-63492805

VEHICLE PARTICULARS

Manufacturer BMW
Model 523i
Variant -
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
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100223191-10
Cover Note Number -

DRIVER

Name of Driver KANAKASABAPATHY SUBRAMANYAN
NRIC No S2676370C
Date Of Birth 25/10/1966
Occupation Indoor

Date Of Driving Pass	03/04/1997
Driving experience	23 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98320538
Alt. Phone Number	(Home) +65-63492805
Email Address	subramanyan.kanakasabapathy@jacobs.com
Address	1 TANJONG RHU ROAD #22-01 SINGAPORE
Address complement	-
Postcode	436879
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SLH562K
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANITA GOENKA
NRIC No	S2676323A
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.

[Signature]
Feb 2 2021

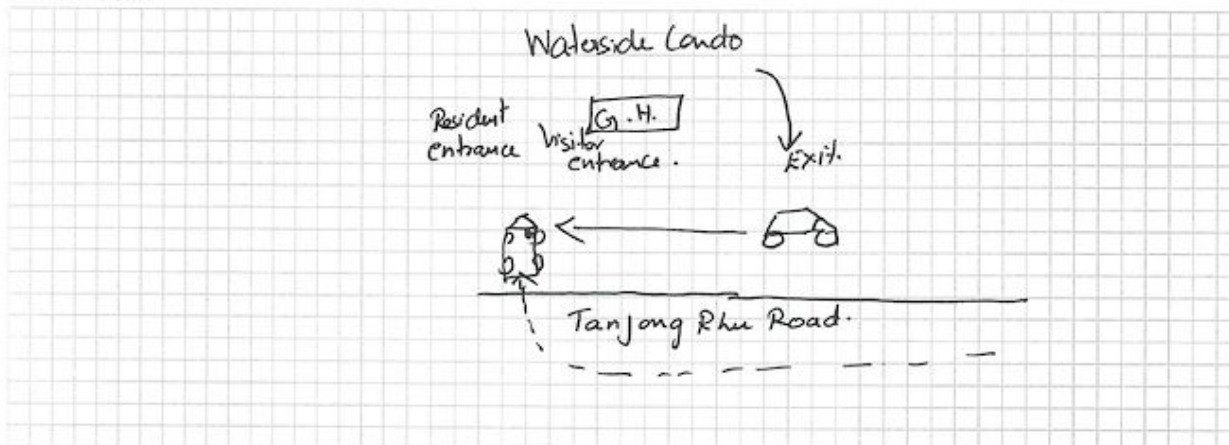
Policyholder's Signature / Date & Time 2/2/21

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel 2/2/21



Sketch Plan



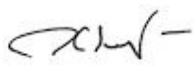
Describe Circumstances of the Accident

1. On Sunday morning (31st Jan) around 8.40 I was turning into the entry gate to our Condo - The Waterside after a ride to the nearby mall.
2. As I was waiting for my turn to enter there was another car that had driven past (SLH 562 K) ~~the~~ Elanza.
3. The Lady (Anita Goenka) realised she had driven past the exit gate and decided to Reverse to come back to enter our Condo.
4. She collided into my car - Stationary at that time as I was waiting to drive in.
5. Please see images and relevant information below:
My name: Subramanyan Kanakasapathy.
The car that hit my car:
car number SLH 562 K
Driven by: Anita Goenka.
I.C. Number: S2676323A
Her mobile number: 85332433

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Declaration

We declare the foregoing particulars are true in every respect.


2 Feb 2021

Policyholder's Signature / Date &
Time 2/2/21Driver's Signature (If driver is not the policyholder) / Date
& TimeWitnessed by Reporting
Personnel 2/2/21



















