

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 15/02/2021 13:46 (SGT)
Date of Accident 14/02/2021 15:45 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information EXIT 10 TPE PUNGGOL WAY (SLIP ROAD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ9150L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner INDIRA KAMLESH KAMDAR
NRIC No S2626562B
Email Address DHRUVKAMLESHKAMDAR1994@GMAIL.COM
Mobile Phone No (Phone) +65-83990055
Alternative Phone No +65-91501113

VEHICLE PARTICULARS

Manufacturer Kia
Model Sorento
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? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800058523-01
Cover Note Number -

DRIVER

Name of Driver DHRUV KAMLESH KAMDAR
NRIC No S9412264C
Date Of Birth 03/04/1994
Occupation Indoor

Date Of Driving Pass	04/11/2013
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83990055
Alt. Phone Number	-
Email Address	DHRUVKAMLESHKAMDAR1994@GMAIL.COM
Address	160 HAIG ROAD #06-01
Address complement	-
Postcode	438795
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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

IT WAS A SLIP ROAD EXITING THE EXPRESSWAY (TPE) AT EXIT 10, PUNGGOL WAY. THE SLIP ROAD HAD A GIVE WAY LINE WHEN JOINING PUNGGOL WAY IN WHICH THE LANE AT THE END OF THE SLIP ROAD WAS ADJOINED TO THE SLIP ROAD. THERE WERE NO CARS IN FRONT OF SMG 8497G WHICH WARRANTED THE DRIVER TO COME TO A HALT. THE SUDDEN HALT RESULTED IN NO LEAD TIME FOR PROPER STOP OF MY VEHICLE (SLZ 9150L). THE SPEED WAS BELOW 20KM/HR AS THE CARS WERE JUST MOVING OFF.

ATTACHMENT(S)

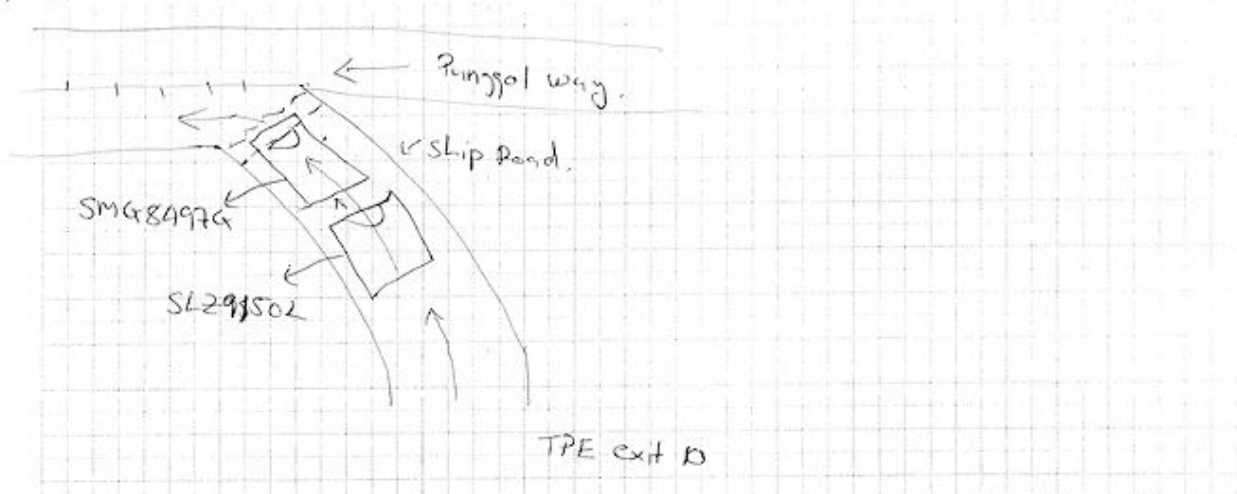
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG 8497G
Vehicle Manufacturer	Mazda
Vehicle Model	2
Vehicle Variant	-
Vehicle Colour	Violet
Vehicle Category	Private car
Name of Driver	SUMATHI D/O RAMALINGAM
NRIC No	S8026387B
Contact Number	(Phone) +65-97770521

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a slip road exiting the expressway (TPE) at exit D, Punggol way.

The slip road had a give way line when joining Punggol way in which the lane at the end of the slip road was adjoined to the slip road. There were no cars in front of SMG8497G which warranted the driver to come to a halt.

The sudden halt resulted in no lead time for proper stop of my vehicle (SL293502).

The speed was below 20 km/hr as the cars were just moving off.

DECLARATION

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

Done
Policyholder's Signature
Date & Time: 15/02/2011
@ 11:00

Done
Driver's Signature (If driver is not the policyholder)
Date & Time: @ 11:00



Reporting Control Personnel's Signature
Name:
NRIC/FIN No.:



























SKETCH PLAN

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. 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.:



Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 200609327MDIPLOMAT PARTS PTE LIMITED
COMPANY NO. 196400304H**Accident Statement**
☐ Mitsubishi ☒ Kia ☐ Citroen ☐ Others (Please tick accordingly)
Motor Accident Repair Basic Information

Date of Accident	14 / FEB / 2021
Time of Accident (24hr format)	1545 HRS
Exact Location of Accident	Exit 10 TPE PUNJEN WAY (SHP Rm).

Own Vehicle Details

Vehicle Registration Number	SLZ 9150L
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company INDERA KAMLESH KAMDAR
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S26265628

Vehicle Particulars (Own Vehicle)

Model	KIA SORENTO 2.2A
Exact purpose for which vehicle was being used at the time of accident	DRIVING
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle Category	Private Car / Comm-Veh / Goods-Veh / Motor Trade / Government

Insurance Company (Own Vehicle)

Insurance Company	A.I.G
Type of Coverage	Comprehensive / Third Party / Third Party Fire and Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	1800058523-01

Driver

Name of Driver	DHRUV KAMLESH KAMDAR
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S9412264C
Date of Birth	03 / APR / 1994
Occupation	Indoor / Outdoor
Driving Pass Date	04 / NOV / 2013
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	83990055
Office / Home / Other Numbers	91501113
Home Address	160 HAIG ROAD, #06-01 HAIG COURT, SINGAPORE 438795
Email Address	Dhrumkandars1994@gmail.com
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: Son
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vehicle No: — Insurance: —

OWNER/ DRIVER'S SIGNATURE: Dhruv

General Information Of The Accident

Type Of Accident	
Weather Condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Road Surface	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Other Information	
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Foreign Vehicle Registration Number	
Foreign Vehicle Category	
Number of vehicles involved in the accident	2
Was there any witness? (Name, Phone, Email)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was there any other vehicle or property damaged?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was the accident reported to the police?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, against whom?
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Number of Passengers (Including Driver)	01
Passenger (Name and Gender)	
Circumstances of Accident	
Refer attachment	

Third Party Vehicle Detail

Details of Other Vehicle / Property			
Vehicle Registration No.	SMG 8497 G		
Vehicle Make/ Model/ Colour	MAZDA / MAZDA 2 / PINK		
Details of Property Damaged in Accident			
Vehicle Category			
Name Of Driver	SUMATHI D/O RAMALINGAM		
Driver's NRIC	<input type="checkbox"/> Co. Reg. No.	<input checked="" type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
	S 8026387 B		
Contact Number	9377 0521		
Name of Insurance Company	REAR PARTIAL		
Nature of Damage			
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number

Details of Injured Person

Name	
Injury Sustained	
Injured person is on which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OWNER/ DRIVER'S SIGNATURE: Donor