

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	03/03/2021 16:35 (SGT)
Date of Accident	01/03/2021 09:00 (SGT)
Exact Location of Accident	Near Bedok S Rd, Singapore
Additional Location Information	OPPOSITE TO BLOCK 367
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7690R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DHARMARAJ MELANCIA SNEGA LATHA
NRIC No	SXXXX385D
Email Address	JOHNGERALD49@GMAIL.COM
Mobile Phone No	(Phone) +65-90625461
Alternative Phone No	+65-87823250

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1900009059-02
Cover Note Number	-

DRIVER

Name of Driver	DHARMARAJ MELANCIA SNEGA LATHA
NRIC No	SXXXX385D
Date Of Birth	15/05/1980
Occupation	Indoor

Date Of Driving Pass	04/10/2018
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90625461
Alt. Phone Number	+65-87823250
Email Address	JOHNGERALD49@GMAIL.COM
Address	39 BEDOK SOUTH ROAD
Address complement	#10-699
Postcode	460039
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	Side Swipe
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JOHN GERALD
Gender	Male

PASSENGER 2

Name	MELANCIA SNEGLALH
Gender	Female

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

ON 01-MAR-2021, ROUGHLY 9:00AM, WE CAME OUT FROM THE HDB CARPARK AND WANTING TO JOIN ON SUB ROAD OF BEDOK SOUTH ROAD. WHILE TRY TO TURN ON LANE 1, ITS A BIT WIDER TURN AND SWIPED WITH THE ONCOMING CAR ON LANE 2. OUR CAR, LEFT HEADLIGHT AND BOTTOM OF THE FRONT BUMPER WAS COLLIDED WITH THE ONCOMING CAR RIGHT SIDE TAIL AND SMALL BRUSHES ON THEIR CAR.

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	SGH3376X
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

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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.
- (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.

Amelani

Policyholder's Signature

Date & Time: 3.3.2021
12:00 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

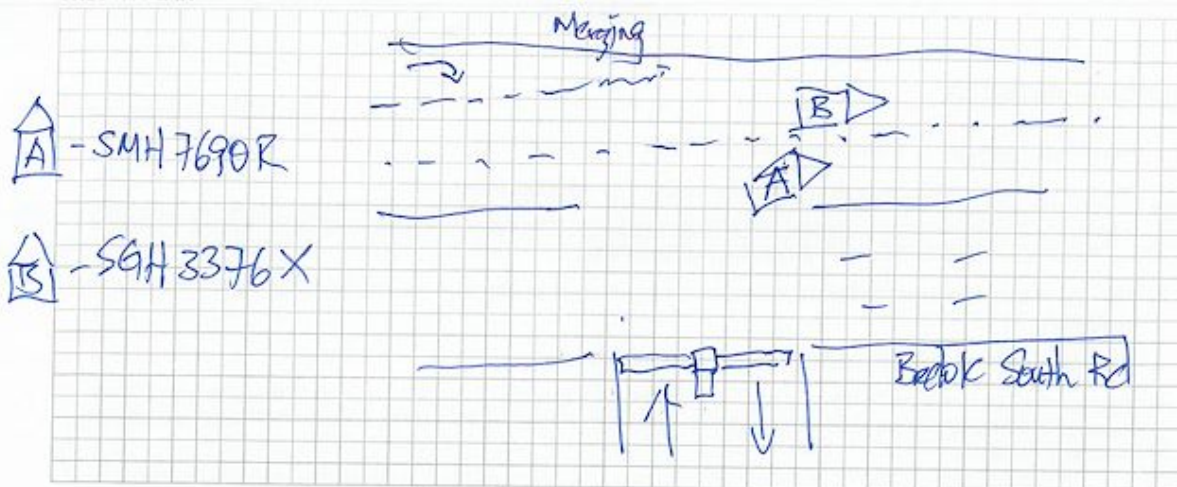


Reporting Centre Personnel's Signature

Name: *Enk Tan*

NRIC/FIN No.: *5544594D*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01-MAR-2021, Roughly 9:00AM, We Came out from the sub road HDB Car Park and try to join on sub road, Bedok South Road. While try to turn on Lane 1, It's a bit wider turn and swiped with the oncoming car on the Lane 2.

Our car Left headlight and bottom of the front grill was slightly collided with the oncoming car right side tail and small bushes on their car.

DECLARATION

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

Melanie
Policyholder's Signature

Date & Time: 3.3.2021
12:00 pm

GARMC Sketch Plan Form_V3

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



Reporting Centre Personnel's Signature
Name: Enayk Tan
NRIC/FIN No.: SXXXX571D





























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP0R21330002 Vehicle Registration No: SMH 7690R
Name (as shown in NRIC) : DHARMARAJ MELANCTA SNEGA LATHA NRIC/FIN/Passport No : S8088385D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 39 BEDOK SOUTH ROAD Singapore (460039)
Contact (Tel) : 9062 5461 Mobile No. : 8782 3250
Email Address : JOHNGERALD490@gmail.com
Date of Accident : 01/03/2021 Time of Accident : 09:00
Place of Accident : NEAR BEDOK SOUTH ROAD
Insurance Company : ADG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- CHANGE ACCIDENT OR VEHICLE PHOTOS. UPLOADED WRONG
CAR PLATE NUMBER.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature

Name: Tony Fung
NRIC/FIN No.: S2XX XG4DE
Date: 7/2/21