

AIG-LKIC
- ADRIAN



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	03/04/2021 15:51 (SGT)
Date of Accident	01/04/2021 17:10 (SGT)
Exact Location of Accident	Thomson Flyover, Singapore
Additional Location Information	PIE TWDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ2631Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DARSHAN SINGH S/O NAGINDAR SINGH
NRIC No	SXXXX260Z
Email Address	darshansingh1377@gmail.com
Mobile Phone No	(Phone) +65-97589041
Alternative Phone No	+65-97589041

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0006906
Cover Note Number	-

DRIVER

Name of Driver	GURVEER KAVEN SINGH GILL
NRIC No	SXXXX094J

Date Of Birth	26/03/1995
Occupation	Indoor
Date Of Driving Pass	05/12/2014
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97873486
Alt. Phone Number	-
Email Address	kaven95@outlook.com
Address	BLK 39 UPPER BOON KENG ROAD #24-2408
Address complement	-
Postcode	380039
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

I WAS DRIVING STRAIGHT ALONG THOMSON FLYOVER PIE TOWARDS TUAS AT THE EXTREME RIGHT LANE OF 3 LANES. AS THE CAR IN FRONT OF ME HAD STOPPED, I ALSO FOLLOWED SUIT AND STOPPED IN TIME. SUDDENLY, I FELT A HUGE IMPACT. VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED MY VEHICLE TO SURGE FORWARD AND COLLIDED ONTO VEHICLE C REAR PORTION. WHEN I ALIGHT FROM MY VEHICLE, I REALISED IT WAS 3 CARS CHAIN COLLISION.

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	SDF556J
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ6203K
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	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GURVEER KAVEN SINGH GILL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMQ2631Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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:


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

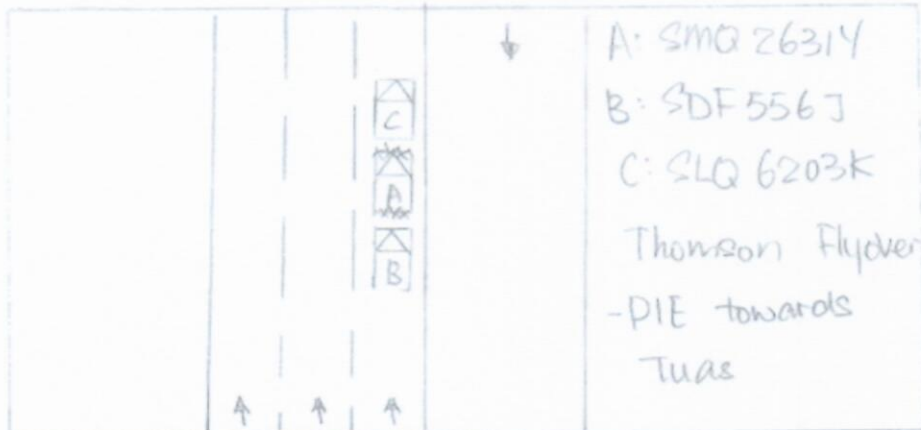

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Author's Declaration:

I authorized SME email GIA Report
 to admin@nhtmotor.com



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Thomson Flyover-PIE towards Tuas at the extreme right lane of 3 lanes.

As the car in front of me had stopped, I also followed suit and stopped in time.

Suddenly, I felt a huge impact.


Vehicle B collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into Vehicle C rear portion.

When I alight from my vehicle, I realized it was a 3 cars chain collision.

DECLARATION

✓We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:


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

Reporting Centre Personnel's Signature
Name:
HMC/PIN No.:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	260Z
Vehicle Details	
Vehicle No.:	SMQ2631Y
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Apr 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS PLUS (AUTO)
Primary Colour:	Black
Manufacturing Year:	2019
Engine No.:	2ZR2F81584
Chassis No.:	JTDZS3EU30J052313
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$30,007.00
Original Registration Date:	06 Nov 2019
First Registration Date:	06 Nov 2019
Transfer Count:	0
Actual ARF Paid:	\$24,010.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Nov 2029
PARF Rebate Amount:	\$18,007.00
Intended COE Rebate Details	
COE Expiry Date:	05 Nov 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$37,000.00
COE Rebate Amount:	\$31,778.00
Total Rebate Amount:	\$49,785.00

The information contained herein is correct as at 03 Apr 2021

OK