

## 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	27/04/2021 11:00 (SGT)
Date of Accident	26/04/2021 11:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE SLIP RD TO PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1408K
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Metoxide Singapore Private Limited
Company Reg No	1XXXXX080C
Email Address	KAV@METOXIDE.COM
Mobile Phone No	(Phone) +65-94888586
Alternative Phone No	+65-94888586

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2500

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2000003641-01
Cover Note Number	-

#### DRIVER

Name of Driver	KAMALA ANANDAN S/O VALLIPURAM
NRIC No	SXXXX505A

Date Of Birth  
Occupation  
Date Of Driving Pass  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address

Address  
Address complement  
Postcode

Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

23/04/1951  
Outdoor  
22/03/1984  
37 YEARS AND 1 MONTH  
Male  
(Phone) +65-94888586

-  
KAV@METOXIDE.COM  
BLK 214 CHOA CHU KANG CENTRAL #12-232

-  
680214  
No  
Employee  
No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Head to Rear  
Raining  
Wet

#### 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 ATTACHMENT

##### 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 SLQ8155C  
Vehicle Manufacturer Mazda  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour Blue  
Vehicle Category Private car  
Name of Driver AZMAN BIN SUAIP  
Contact Number -  
Address -  
Address complement -

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

-  
-  
-  
-  
-

## SKETCH PLAN

### IMPORTANT NOTICE

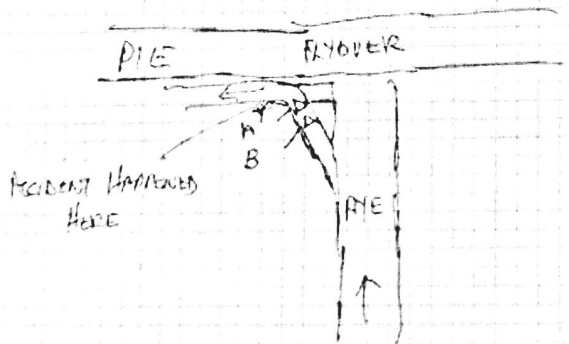
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





Describe Circumstances of the Accident

IT WAS RAINING QUITE HEAVY AND WAS TRAVELLING ALONG  
 AVE. HEADING TOWARDS PIE.

AS I APPROACHED THE FOUR LANE TO TURN LEFT TO CONNECT  
 TO PIE. I STOPPED TO SEE IF VEHICLE WAS COMING FROM MY RIGHT.  
 BEFORE IT WAS CLEAR & BEFORE I COULD DRIVE OFF. THE  
 VEHICLE SLOTTISSO KNOCKED INTO MY REAR.

I CHECKED WITH HIM IF HE WAS INJURED HE SAID NO.  
 TOLD HIM I WAS OK. WE EXCHANGED PARTICULARS AND WAS  
 RAINING WE DROVE OFF APOLOGISING TO MAKE INSURANCE CLAIM.  
 HE SAID HE WAS A GRAB DRIVER.

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

Witnessed by Reporting Centre  
 Personnel