

# 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 ..... 10/05/2021 11:50 (SGT)  
Date of Accident ..... 08/05/2021 19:49 (SGT)  
Exact Location of Accident ..... Bukit Timah, Singapore  
Additional Location Information ..... CTE TOWARDS ORCHARD BEFORE EXIT 6 BUKIT TIMAH  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMU7467B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHANDRA PRAKASH LAKHWANI  
NRIC No ..... S8362248B  
Email Address ..... BHAUNA.VK@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97737054  
Alternative Phone No ..... (Home) +65-9021515

### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Forester  
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 ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070125282  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... BHAUNA VASHI KHEMANEY  
NRIC No ..... S8701666H

Date Of Birth .....	27/01/1987
Occupation .....	Indoor
Date Of Driving Pass .....	28/06/2011
Driving experience .....	9 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90212515
Alt. Phone Number .....	-
Email Address .....	BHAUNA.VK@GMAIL.COM
Address .....	50 LOR 40 GEYLANG
Address complement .....	#02-29
Postcode .....	398074
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Raining
Road Surface .....	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? .....	No
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CHANDRA PRAKASH LAKHWANI
Gender .....	Male

#### DETAILS OF POLICE ACTION

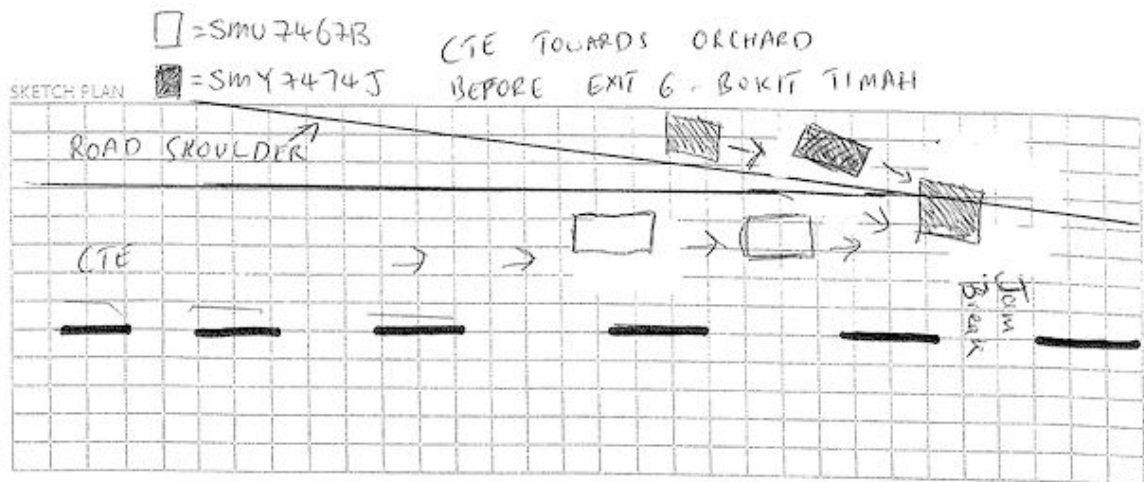
Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My wife and I were on the CTE going towards Orchard, to take Exit 6 Bukit Timah Road. Time and Date: 7:49 pm 8<sup>th</sup> May. We saw a car parked at the road shoulder. Suddenly the car showed indicator to turn into the CTE Highway from Road Shoulder. We slowed down the car. Then the car stopped its indicator to turn into CTE. Without any warning the car entered the CTE right in front of us. We slowed down our speed and let the car in front of us. Without any warning or hazard light ~~to~~ the car Jam Break and came to complete stop. My wife looked behind from the rear view mirror and there was a truck right behind us. We still pressed our breaks hard, but because the car in front Jam Break without any hazard, our car while slowed down, still had collision with the car in front. There was no reason to Jam Break to complete stop upon reviewing Dash Camera. The driver of the car exchanged particulars. Later the driver's car representative called me and WhatsApp me to try and do the repair at their cost. I informed them that any repair to be done by Subaru Authorized representative, so they asked to proceed with insurance claim.

DECLARATION

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

  
 Policyholder's Signature  
 Name: P. Vignar

  
 Driver's Signature  
 Name: P. Vignar

  
 Reporting Centre Personnel's Signature

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.
- (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:

10 May 2021  
9/48am

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

Reporting Centre Personnel's Signature  
Name:  
PRIC/FIN NO.:





































