

# 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 ..... 21/07/2021 17:03 (SGT)  
Date of Accident ..... 19/07/2021 18:10 (SGT)  
Exact Location of Accident ..... Bukit Batok East Ave 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMD5640U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ANAND BHARGAV  
NRIC No ..... SXXXX615D  
Email Address ..... MANASI.BHARGAV@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97845998  
Alternative Phone No ..... +65-97845998

### 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 ..... 1800102594-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MANASI BHARGAV  
NRIC No ..... SXXXX928F

Date Of Birth .....	06/11/1996
Occupation .....	Indoor
Date Of Driving Pass .....	15/08/2017
Driving experience .....	3 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97845998
Alt. Phone Number .....	-
Email Address .....	MANASI.BHARGAV@GMAIL.COM
Address .....	BLK 52 BUKIT BATOK STREET 31 #26-08
Address complement .....	-
Postcode .....	659443
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 - Change/cross lane
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle 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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### 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 .....	SMB3502J
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MANASI BHARGAV
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMD5640U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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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' law yers/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")

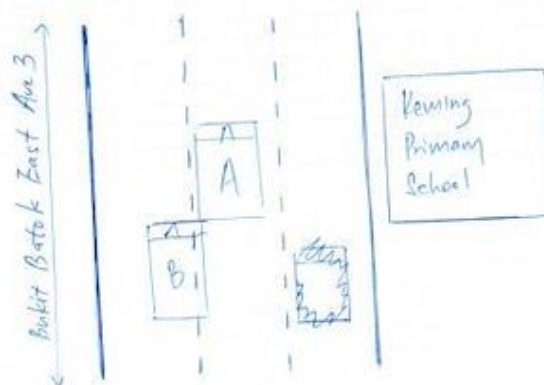
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Lawyer  
20/07/21  
Policyholder's Signature / Date & Time

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

A  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

Vehicle A - SMD5640U  
Vehicle B - SMB3502J

### Describe Circumstances of the Accident

Refer to Police Report

### Declaration

I/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







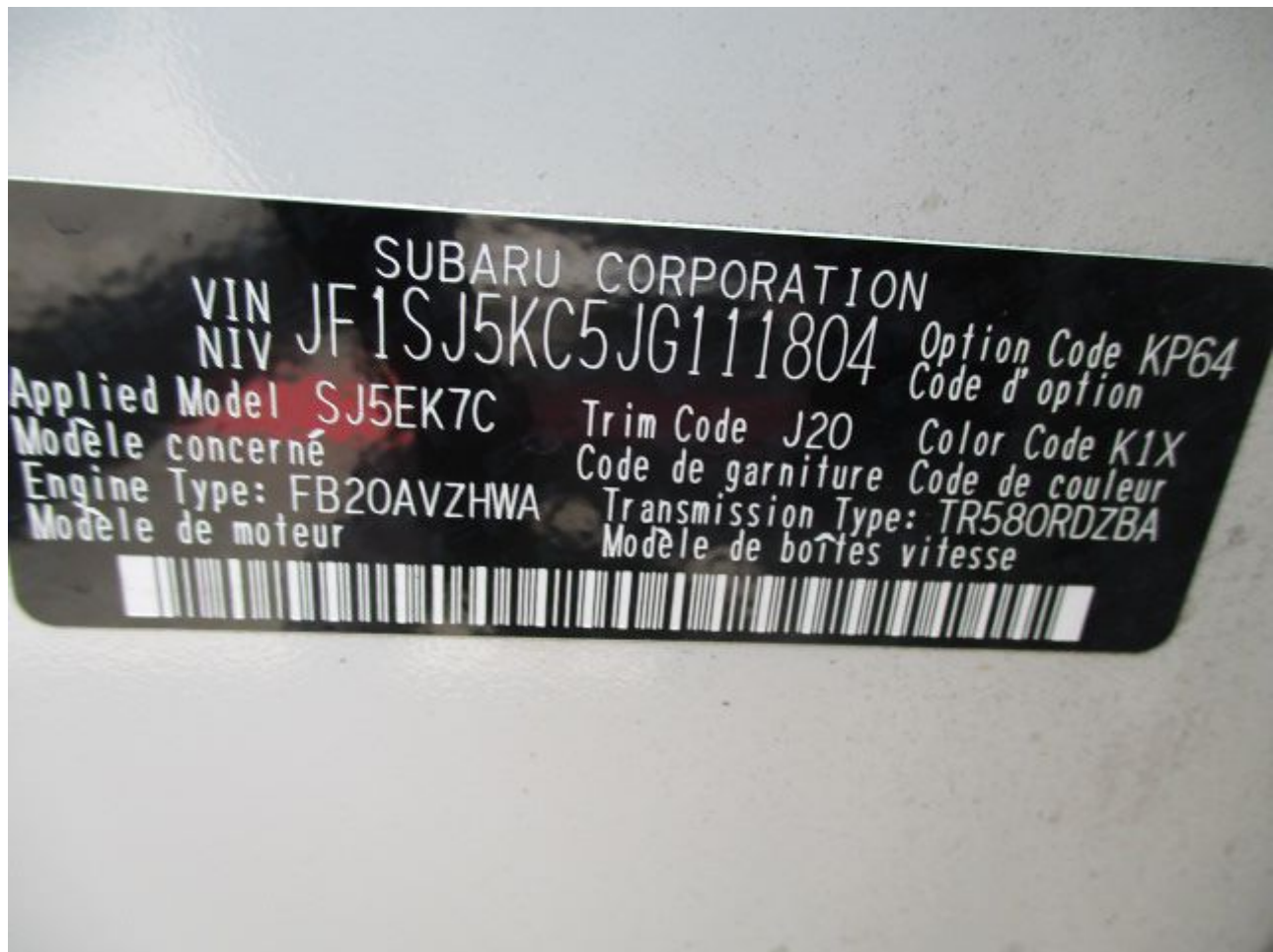
















# SINGAPORE POLICE FORCE



T/20210721/7014

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210721/7014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2021 12:59	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MANASI BHARGAV			Address: 52 BUKIT BATOK STREET 31 #26-08 SINGAPORE 659443		
ID Type / ID No.: NRIC NO / S9672928F			Contact No.: Home/Office: Mobile: 84442596		
Nationality: SINGAPORE CITIZEN			Email: MANASI.BHARGAV@GMAIL.COM		
Sex: Female	Age: 24	Date of Birth: 06/11/1996	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: MARKETING			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/07/2021 06:15	Type of Location: Straight Road
Location:  BUKIT BATOK EAST AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMB3502J	Bus/Coach/Mi nibus					0
SMD5640U	Car					0

### Details of Person Involved

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210721/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210721/7014

**CONTINUATION OF REPORT**

Driver			
Name	MANASI BHARGAV		ID No. S9672928F
Related Vehicle	SMD5640U (Car)		Contact No. 84442596
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	19/07/2021		Date 19/07/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

ON THE STATED DATE AND TIME, I VEHICLE A ( SMD 5640 U), HAS ALREADY CHANGED LANE FROM THE FIRST LANE TO SECOND LANE. SUDDENLY, I FELT A HUGE IMPACT ON THE LEFT REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SMB 3502 J) WHO HAVE COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT MY VEHICLE WAS ALREADY COMPLETELY IN LANE BEFORE THE COLLISION.

AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AT UNIHEALTH 24-HR CLINIC (JURONG EAST) BECAUSE I FELT PAIN IN MY NECK AND PAIN.  
I WAS GIVEN 3 DAYS MC .



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210721/7014

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Report No. T/20210721/7014

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
21/07/2021 12:59

Classification Of Case: