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 witholding 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.

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 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 02/08/2021 18:24 (SGT) Date of Accident 31/07/2021 12:30 (SGT) Exact Location of Accident Ikea Tampines, Singapore Additional Location Information **BASEMENT CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK1656P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SUBRAMANIAM TAVINTHARAN NRIC No. S1702785I Email Address TAVINTHARANS@GMAIL.COM Mobile Phone No (Phone) +65-97560907 Alternative Phone No +65-97560907

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 190078008-01 Cover Note Number

DRIVER

Name of Driver SELVA DEVI D/O SAHADEVAN NRIC No. S6944262E

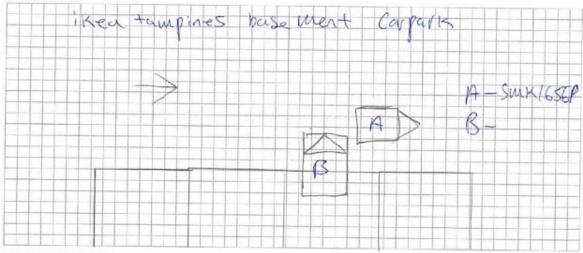
Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	19/12/1969 Indoor 05/05/1994 27 YEARS AND 2 MONTHS Female (Phone) +65-96239247 - SDSTVV@YAHOO.COM BLK 543 SERANGOON NORTH AVE 3 #13-188 - 550543 No Spouse No								
GENERAL INFORMATION OF THE ACCIDENT									
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry								
OTHER INFORMATION									
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 2								
PASSENGER 1									
Name Gender	NIL Male								
DETAILS OF POLICE ACTION									
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -								
CIRCUMSTANCES OF ACCIDENT									
REFER SKETCH.									
ATTACHMENT(S)									
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No								
DETAILS OF OTHER VEHICLE PROPERTY 1									
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	- -								

Private car

Vehicle Category

Name of Driver NRIC No	LI PING S8779450D
Contact Number	-
Address	_
Address complement	_
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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 policyhalder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

SKETCH PLAN

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- Any false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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:
 - 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:
 - 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.:

GIARMC SketchPlanForm_V3

