

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	26/08/2021 15:06 (SGT)
Date of Accident	25/08/2021 12:30 (SGT)
Exact Location of Accident	Pebble Bay, Singapore
Additional Location Information	PARKING GARAGE AT LOBBY M
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA3118D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MANKUDE BHASKER RAO RAVI KIRAN
Passport No/FIN	GXXXX534R
Email Address	RAVI.MANKUDE@GMAIL.COM
Mobile Phone No	(Phone) +65-83322043
Alternative Phone No	+65-83322043

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210042163
Cover Note Number	-

DRIVER

Name of Driver	MANKUDE BHASKER RAO RAVI KIRAN
Passport No/FIN	GXXXX534R

Date Of Birth	15/07/1974
Occupation	Indoor
Date Of Driving Pass	07/03/2016
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83322043
Alt. Phone Number	+65-83322043
Email Address	RAVI.MANKUDE@GMAIL.COM
Address	130 TANJONG RHU ROAD #13-09
Address complement	-
Postcode	436918
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Property
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AT NOON, I WAS DRIVING INTO MY PARKING GARAGE AT PEBBLE BAY. I USUALLY REVERSE PARK BUT DECIDED TO GO INFRONT FIRST THIS TIME. THERE WAS A MITSUBISHI PARKED AND THERE WAS AN EMPTY SPOT NEXT TO IT. I DECIDED TO GO IN NEXT TO THE CAR AND ENDED UP COMING VERY CLOSE TO THE PARKED CAR. I TRIED TO EXTRIGATE MYSELF FROM THIS SITUATION AND BUMPED INTO A PILLAR ON THE LEFT. I PANICKED AND REVERSED MY CAR OUT OF THE SITUATION AND DAMAGED THE FENDER AND THE SIDE OF THE OTHER CAR AS WELL. SO ON THE LEFT SIDE, I HIT A PILLAR IN FRONT OF ME AND THE RIGHT SIDE. I SCRATCHED THE CAR PARKED NEXT TO ME. WHEN REVERSING OUT OF IT, I ALSO ENDED UP BUMPING INTO ANOTHER PILLAR BEHIND ME.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ8769X
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)	-

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.



26/4/2021

Policyholder's Signature / Date & Time 8:59am

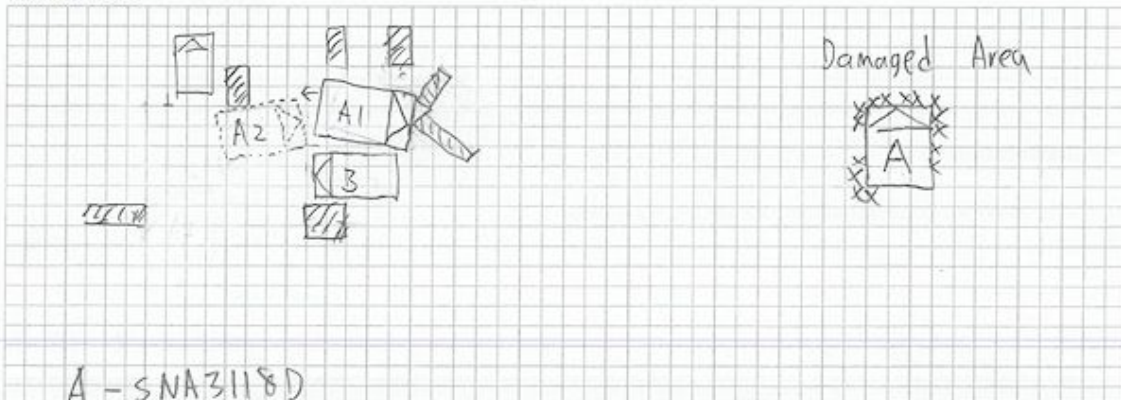
Driver's Signature (If driver is not the policyholder) / Date & Time

2024 Kum

Witnessed by Reporting Centre Personnel



Sketch Plan



A - SNA3118D

B - SK28769X

Describe Circumstances of the Accident

At noon, I was driving into my parking garage at Pebble Bay. I usually reverse park but decided to go in front first this time. There was a Mitsubishi parked and there was an empty spot next to it.

I decided to go in ^{next} to the car and ended up ~~becoming~~ coming very close to the parked car. I tried to extricate myself from this situation and bumped into a pillar on the left. I panicked and ~~pull~~ reversed my car out of the situation and damaged the fender and the side of the other car as well.

So on the left side, I hit a pillar in front of me and the right side, I scratched the car parked next to me. When reversing out of it, I also ended up bumping into another pillar behind me.

Declaration

We declare the foregoing particulars are true in every respect.

 26/8/2021
Policyholder's Signature / Date & Time
3:59pm

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

 2024 Kum
Witnessed by Reporting Centre Personnel























