

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

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 oplicy 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

11/09/2021 15:15 (SGT) Date of Submission 11/09/2021 12:00 (SGT) 362 Tampines Street 34, Block 362, Singapore 520362 Date of Accident BLK362 TAMPINES ST34 SINGAPORE 520362 **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

2000

SMQ7742C Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? VEENA BHAGYALAKSHMI ATEETH Name Of Registered Owner SXXXX422I NRIC No saligram.vka@gmail.com Email Address (Phone) +65-90181414 Mobile Phone No +65-96462793 Alternative Phone No

VEHICLE PARTICULARS

Subaru Manufacturer Model XV 2.0I-S EYESIGHT Variant Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 1900252374-01

DRIVER

CC

Name of Driver Passport No/FIN SALIGRAM VINAYKARTHIK ATEENTH TXXXX591A

Accident report SM0O219B0001

Page 1 of 43

Date Of Birth 07/04/2000 Occupation Indoor Date Of Driving Pass 20/11/2018 Driving experience 2 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-87979830 Alt. Phone Number +65-96462793 Email Address saligram.vka@gmail.com Address APT BLK 360 TAMPINES STREET 34 Address complement #04-413 Postcode 520360 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

GENERAL INFORMATION OF THE ACCIDENT

Insurance Company of Other Vehicle Owned by Driver

Type of Accident

Weather Conditions

Road Surface

Collision - Head on collision

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?

Yes

Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer Sketch Plan

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMT7042Z Vehicle Manufacturer Toyota Vehicle Model Vios Vehicle Variant Vehicle Colour Red Vehicle Category Private car Name of Driver CHUA SHERMOND NRIC No SXXXX630Z Contact Number (Phone) +65-97396396 Address

Accident report SM0O219B0001

Page 2 of 43

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- § Any false reporting may be referred to the Police for investigation
- 6. The report will be forwarded by the insurers of the GW 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer inty 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/faw firms, the Monetary Authority of Singapore and any refevant 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
- (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
- (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.

Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan



NO WATTEN

Describe	Circumstances of the Acci	dent
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Declaration

IWe declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre