

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

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7742C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VEENA BHAGYALAKSHMI ATEETH
NRIC No	SXXXX422I
Email Address	saligram.vka@gmail.com
Mobile Phone No	(Phone) +65-90181414
Alternative Phone No	+65-96462793

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Xv
Variant	XV 2.0I-S EYESIGHT
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	1900252374-01
Cover Note Number	-

DRIVER

Name of Driver	SALIGRAM VINAYKARTHIK ATEENTH
Passport No/FIN	TXXXX591A

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	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
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

Refer 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

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	-

SKETCH PLAN

IMPORTANT NOTICE

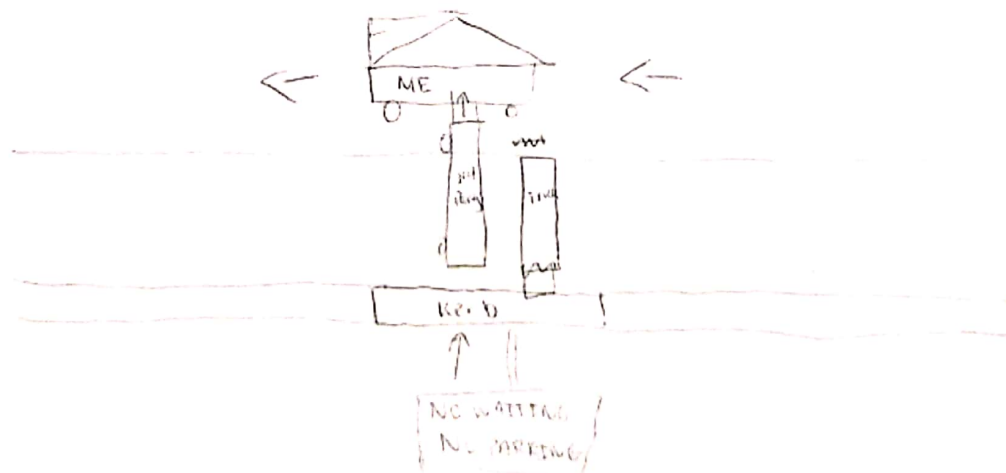
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

1. A. A. A. A.
Policyholder's Signature / Date & Time

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

1. A. A. A. A.
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along my HDB Neighbourhood. and As I was Driving, the 3rd Party
 A Toyota Vios SMT 70422 Drive Forward Forward From a Parking
 Position. As I was Driving Forward, He suddenly Pulled Forward and
 Scratched my side doors. (left side)
 (left side)
~~I had~~ ~~not~~ ~~vision~~ my Passenger side doors were scratched while his
 Front Bumper while his was damaged.

Key Points :

- 1) 3rd Party was in a loading zone
- 2) He pulled out from a parking space
- 3) ~~He tried to scratch my car by using a stick to my car~~
- 4) The car was blocked by a truck which left after it was stuck to 3rd Party

Declaration

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

W. L. A. L.

Policyholder's Signature Date & Time

OK

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

JB

Witnessed by Reporting Centre Personnel