

## 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 ..... 05/10/2021 15:56 (SGT)  
Date of Accident ..... 16/09/2021 19:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Pasir Ris car park D  
  
Country/State of Loss ..... lot177  
Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKB8230J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Raman Vidhya Venkata Narayanan  
NRIC No ..... S6980513B  
Email Address ..... vidhyarv.office@gmail.com  
Mobile Phone No ..... (Phone) +65-93282232  
Alternative Phone No ..... +65-93282232

#### VEHICLE PARTICULARS

Manufacturer ..... Lexus  
Model ..... Rx200t  
Variant ..... RX 200T  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1998

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver .....	Krishnamoorthy Venkatanarayanan
NRIC No .....	S2678741F
Date Of Birth .....	30/07/1966
Occupation .....	Indoor
Date Of Driving Pass .....	15/06/2000
Driving experience .....	21 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93282232
Alt. Phone Number .....	-
Email Address .....	noemail@aig.com
Address .....	67 Punggol Central
Address complement .....	Water Town #11-15 SINGAPORE
Postcode .....	828843
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Side Swipe
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Raman Vidhya Venkata Narayanan
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris NPP ( Through Phone)
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

scratched the left side of the parked car while reversing the car.

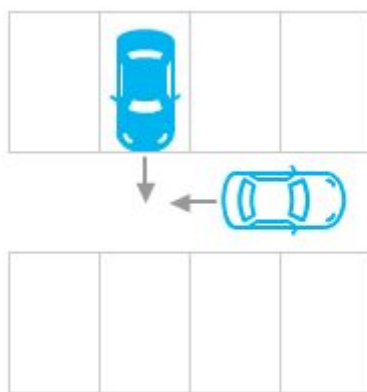
#### ATTACHMENT(S)

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 .....	SHD3036L
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-







GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SA0121A50008 Vehicle Registration No: SKB 8230J  
Name (as shown in NRIC) : Krishnamoorthy Venkatarayanan NRIC/FIN/Passport No : S2678741F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 67 punggol Central Singapore 828843  
Contact (Tel) : 93282232 Mobile No. : 93282232  
Email Address : Vidhyarv.office@gmail.com  
Date of Accident : 16/09/2021 Time of Accident : 19:00 hrs  
Place of Accident : Car park D, pasir Ris  
Insurance Company : ALL

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Please Amend date of driving pass of Driver, effective date 15/June 2000, (Licence reissue date: 12/Jan 2017)
2. Driver Experience: 21 years 3 months
3. Date of Accident: 16/09/2021 Time: 19:00
4. Number of passengers: 1+1. (Driver + Driver Side passenger)

✓ [Signature]  
Policyholder / Driver's Signature  
Date: 08/10/2021

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

