

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	08/11/2021 14:15 (SGT)
Date of Accident	06/11/2021 17:45 (SGT)
Exact Location of Accident	Ophir Rd, Singapore
Additional Location Information	ALONG OPHIR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL9086A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KARTIK KRISHNAMURTHY
NRIC No	SXXXX361F
Email Address	KKARTIK76@GMAIL.COM
Mobile Phone No	(Phone) +65-96434040
Alternative Phone No	(Office) +65-96434040

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	AUDI A4 SEDAN 2.0
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	2070177552
Cover Note Number	-

DRIVER

Name of Driver	TASNEEN ZAFAR PADIATH
NRIC No	SXXXX282C

Date Of Birth	05/01/1978
Occupation	Indoor
Date Of Driving Pass	07/06/2011
Driving experience	10 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96435252
Alt. Phone Number	-
Email Address	TASNEENZ@GMAIL.COM
Address	16 EWE BOON ROAD
Address complement	#03-03
Postcode	259324
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	Collision - Major/Minor Rd
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	LANA KARTIK
Gender	Female

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

MY WIFE WAS DRIVING THE CAR ON SATURDAY FOR A SOCIAL VISIT AND THE MERCERDES EZ 28 A SWERVED ON THE RIGHT AND HIT THE CAR. THIS HAPPENED ALONG OPHIR ROAD. THE ACCIDENT HAPPENED AROUND 5:45PM ON SATURDAY NOVEMBER 6, 2021 NO ONE WAS INJURED AND NO GOVT PROPERTY WAS DAMAGED IN THE ACCIDENT.

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	EZ28A
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Black
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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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)

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:

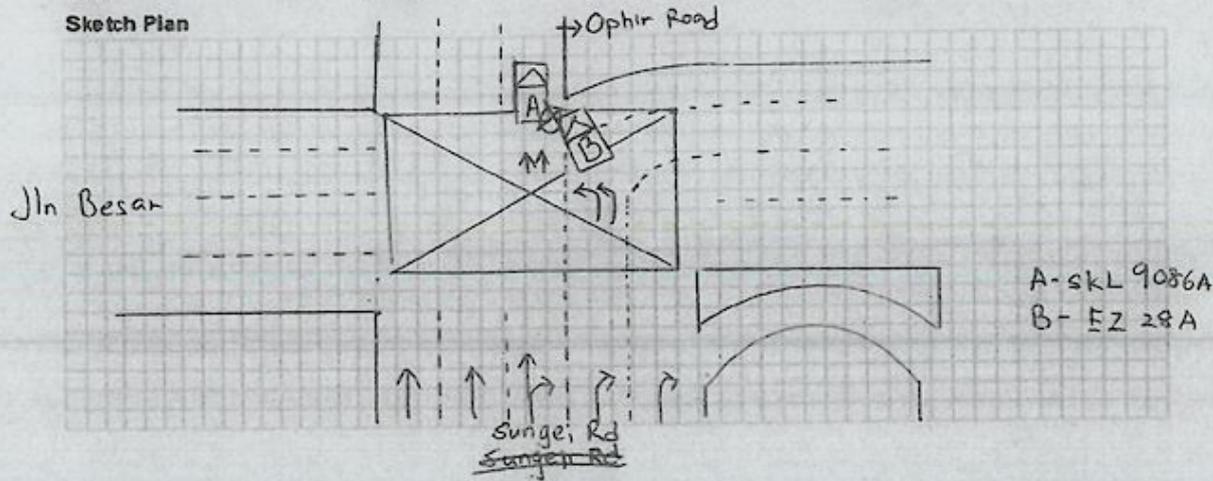
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

[Handwritten Signature]
 15/11/2021
 5:27 PM
 Policyholder's Signature / Date & Time

[Handwritten Signature]
 15/11/2021
 5:25 PM
 Driver's Signature (If driver is not the policyholder) / Date & Time

[Stamp: PREMIUM AUTOMOBILES LTD.]
 Witnessed by Reporting Centre Personnel

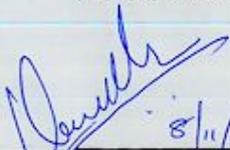


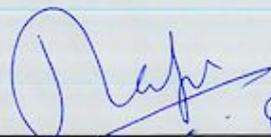
Describe Circumstances of the Accident

My wife was driving the car on Saturday for a social visit and the Mercedes E280A swerved on the right and hit the car. This happened along Ophir Road. The accident happened around 5:45 PM on Saturday November 6, 2021. No one was ~~injured~~ injured and ~~no~~ ^{no} ~~one~~ got property was damaged in the accident.

Declaration

We declare the foregoing particulars are true in every respect.


8/11/21
Policyholder's Signature / Date & Time 9:40 AM


8/11/21
Driver's Signature (If driver is not the policyholder) / Date & Time 9:43 am


Witnessed by Reporting Centre Personnel







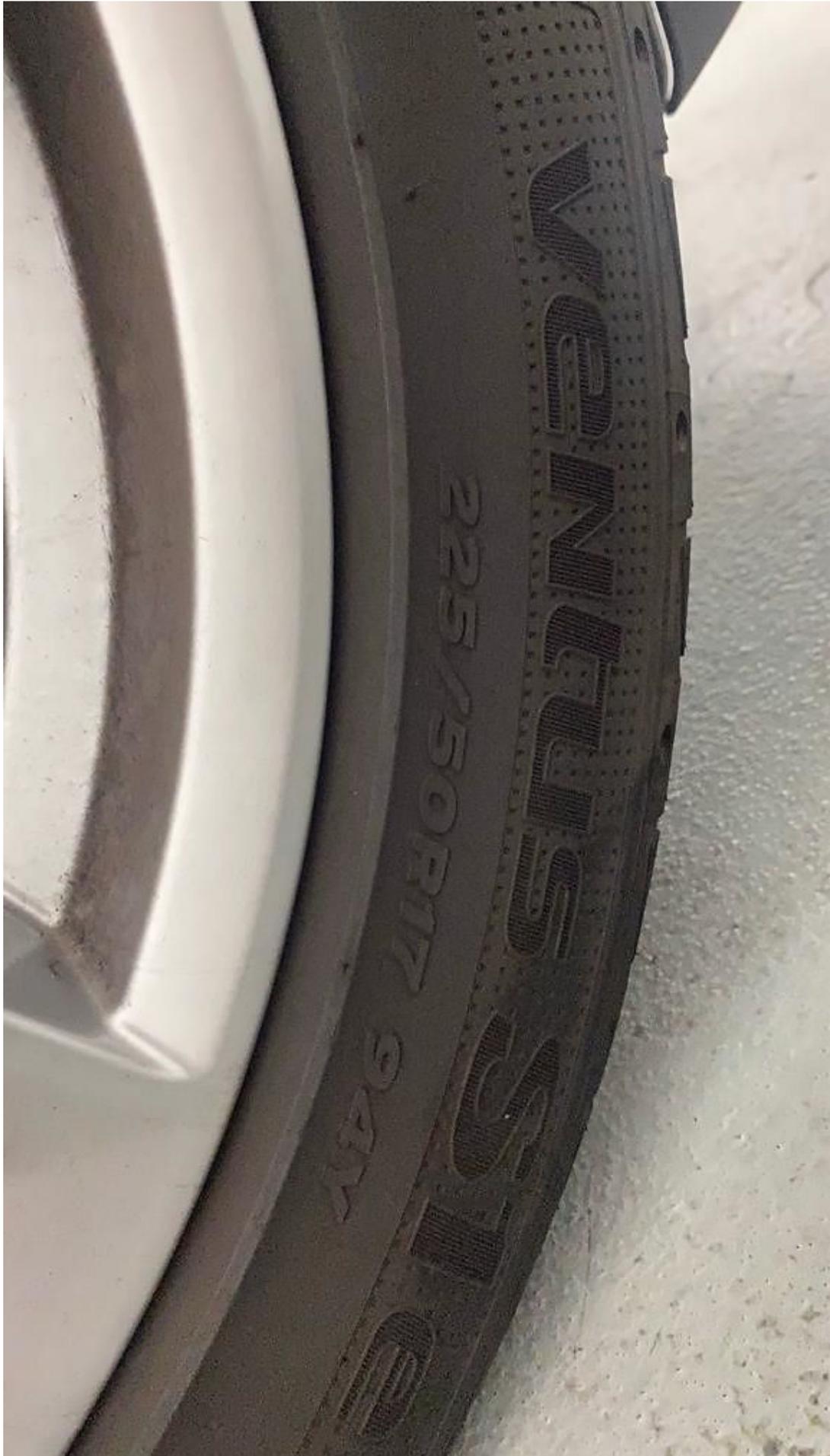










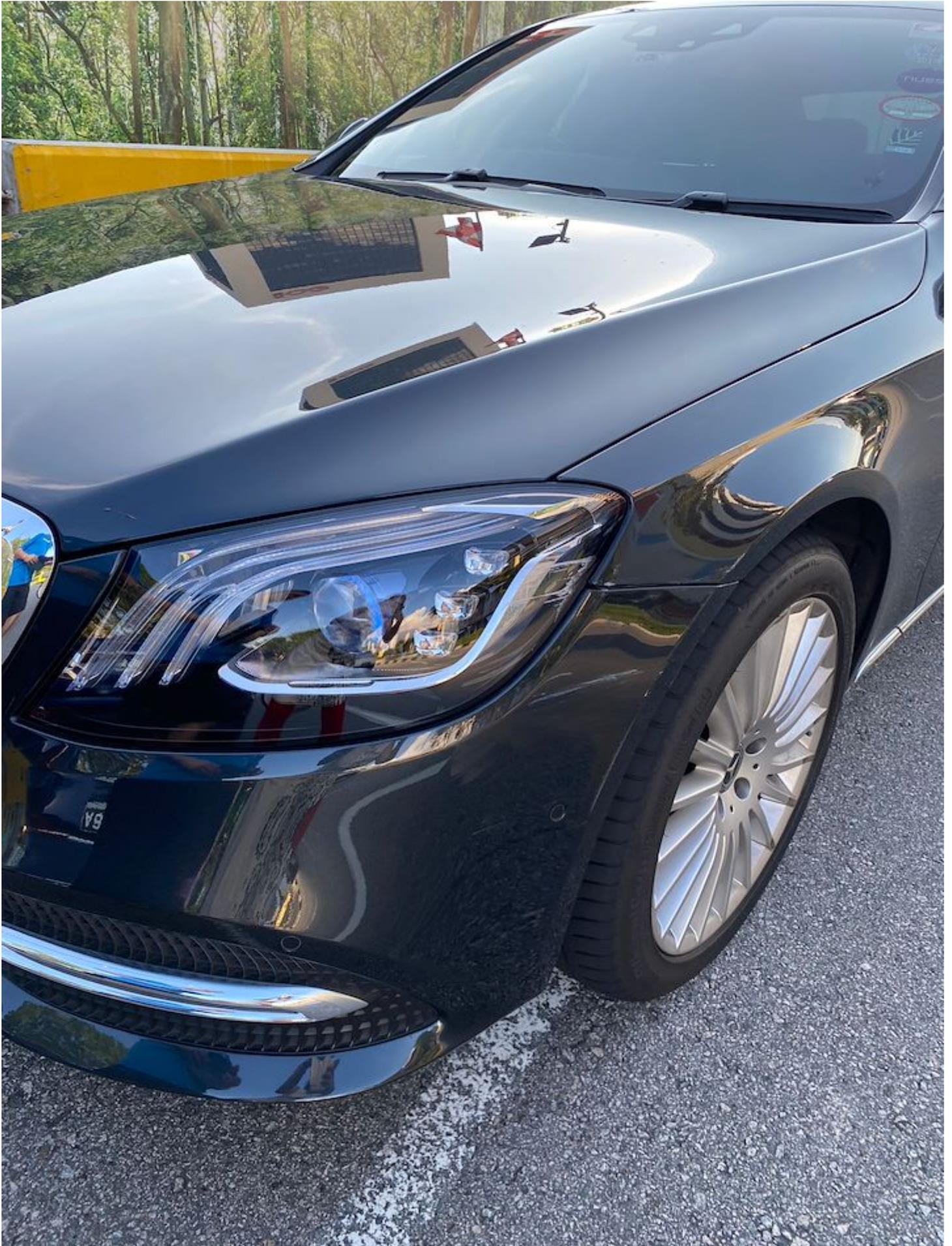














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6724 0010 Fax (65) 6724 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66850020G / GST Reg. No.: N400017735

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

ADDENDUM

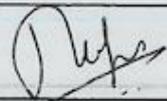
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP0R21B80001 Vehicle Registration No: SKL9086A
Name (as shown in NRIC) : TASNEEN ZAFAR PADIATH NRIC/FIN/Passport No : SXXXX282C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 16 EWE BOON ROAD, #03-03 Singapore 259324
Contact (Tel) : 96435252 Mobile No. : _____
Email Address : TASNEENZ@GMAIL.COM
Date of Accident : 06/11/2021 Time of Accident : 17:45
Place of Accident : ALONG OPHIR ROAD
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(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:

TO CORRECT THE SKETCH PLAN 1.



Policyholder / Driver's Signature
Date: 15/11/2021



Reporting Centre Personnel's Signature
Name: WONG KHONG SENG
NRIC/FIN No.: A7XX443X
Date: 16/11/21

GIASRC addendumform_v3