

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 24/03/2022 18:35 (SGT)
Date of Accident 24/03/2022 14:55 (SGT)
Exact Location of Accident Near CTE, Singapore
Additional Location Information CTE BETWEEN AMKL 1 & AMK 3 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ3816L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAJAT NAG
NRIC No SXXXX429A
Email Address RAJAT.NAG.INSEAD@GMAIL.COM
Mobile Phone No (Phone) +65-98204245
Alternative Phone No +65-97535280

VEHICLE PARTICULARS

Manufacturer Audi
Model A5
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1988

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SP2001030466-01
Cover Note Number -

DRIVER

Name of Driver RAJAT NAG
NRIC No SXXXX429A

Date Of Birth	04/09/1972
Occupation	Indoor
Date Of Driving Pass	02/01/2003
Driving experience	19 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98204245
Alt. Phone Number	+65-97535280
Email Address	RAJAT.NAG.INSEAD@GMAIL.COM
Address	3 LUXUS HILL DRIVE
Address complement	-
Postcode	804806
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	Collision - Head to Rear
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	SONAKSHI NAG
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

I WAS DRIVING UP RAMP OF AMK 1 TOWARDS CTE ON LEFTMOST LANE. AFTER SOME DISTANCE MERGED INTO CTE ON LEFTMOST LANE. SLOW SPEED OF LESS THAN 50 KM/H WHEN GOT HIT ON THE REAR BY HYUNDAI TUCSON (SJR 8036 G). THIS HAPPENED MID-WAY BETWEEN AMK 1 & 3 EXITS. WEATHER WAS CLEAR & ROAD WAS DRY.

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	SJR8036G
Vehicle Manufacturer	Hyundai
Vehicle Model	Tucson
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	QUEK SIU BENG
Contact Number	(Phone) +65-91198583
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.

 24/3/22
Policyholder's Signature / Date & Time
16:25

Sketch Plan

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


Witnessed by Reporting Centre Personnel

A: SMS 3816E 
B: SJR8036 G 

Describe Circumstances of the Accident

I WAS DRIVING UP RAMP OF AMK-1 TOWARDS
 CTE ON LEFTMOST LANE. AFTER SOME DISTANCE
 MERGED INTO CTE ON LEFTMOST LANE. SLOW
 SPEED OF LESS THAN 60 KMPH WHEN
 GOT HIT ON THE REAR BY HYUNDAI
 TUCSON (BJR8036G). THIS HAPPENED MIDWAY
 BETWEEN AMK-1 & AMK-3 EXITS. WEATHER
 WAS CLEAR & ROAD WAS DRY.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time 29/3/22
 16:25

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

Witnessed by Reporting Centre
 Personnel



























