

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 17:10 (SGT)
Date of Accident 23/03/2022 17:00 (SGT)
Exact Location of Accident Loyang Way, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV2711K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAMESH THIYAGARAJAN
Passport No/FIN GXXXX840L
Email Address RAMESH85@OUTLOOK.COM
Mobile Phone No (Phone) +65-81273354
Alternative Phone No +65-81273354

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
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? Yes
Vehicle Category Private car
Transmission Auto
CC 999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900139775-02
Cover Note Number -

DRIVER

Name of Driver RAMESH THIYAGARAJAN
Passport No/FIN GXXXX840L

Date Of Birth	25/08/1985
Occupation	Indoor
Date Of Driving Pass	26/10/2007
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81273354
Alt. Phone Number	+65-81273354
Email Address	RAMESH85@OUTLOOK.COM
Address	166 LENTOR LOOP
Address complement	#14-02
Postcode	789097
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	Collided into Parked Vehicle
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

- VIDEO ATTACHED

- I WAS MOVING OUT OF THE PARKING LOT, IT WAS QUITE BRIGHT AND GLOWING FROM SUNLIGHT. I WAS ATTEMPTING TO REACH MY UTILITY BOY TO PULL OUT MY SHADES BONE. I DIDN'T REALISE MY VEHICLE WAS MOVE ACROSS. BEFORE I COULD PICK UP MY SHADE AND REGAIN CONTROL IT BANGED ON TO THE VEHICLE PARKED IN FRONT.

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	GBF3790C
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
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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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.

T. Sengul
24/03/2022
12:20

Policyholder's Signature / Date & Time

T. Sengul

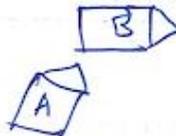
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLV2711K
B: GRF3790C



Describe Circumstances of the Accident

- Video Attached
 - I was moving out from Parking,
 It was Quite Bright and glaring from
 Sun light. I was attempting to Reach
 my Utility Box to Pull out my SHADES
 however I didn't realise my vehicle
 was on move ~~to~~ across, before I could
 Pick up my shade and Regain control
 it Banged on to the vehicle parked
 In front. — END —

Declaration

We declare the foregoing particulars are true in every respect.

T. Paul
 24 / mar / 2022
 12:20

Policyholder's Signature / Date & Time

T. Paul
 24 / mar / 2022
 12:20

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



Witnessed by Reporting Centre Personnel



































