

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 16/03/2022 19:01 (SGT)
Date of Accident 15/03/2022 19:10 (SGT)
Exact Location of Accident Church St, Singapore
Additional Location Information CHURCH STREET TOWARDS COLLYER QUAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF7309D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HEENA KARAMCHANDANI MAYANI
Passport No/FIN GXXXX987M
Email Address HEENA.K@GMAIL.COM
Mobile Phone No (Phone) +65-92472250
Alternative Phone No +65-92966433

VEHICLE PARTICULARS

Manufacturer Audi
Model Q5
Variant Q5 2.0 TFSI
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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800139423-03
Cover Note Number -

DRIVER

Name of Driver HEENA KARAMCHANDANI MAYANI
Passport No/FIN GXXXX987M

Date Of Birth	17/07/1988
Occupation	Indoor
Date Of Driving Pass	07/03/2019
Driving experience	3 YEARS
Gender	Female
Mobile Number	(Phone) +65-92472250
Alt. Phone Number	+65-92966433
Email Address	HEENA.K@GMAIL.COM
Address	APT BLK 1 JALAN KUALA
Address complement	#25-01
Postcode	239639
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 - Cross Junction
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	JOHNNY BHAGWANDAS MAYANI HARJANI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT NO. T/20220315/2072

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	UNKNOWN
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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.



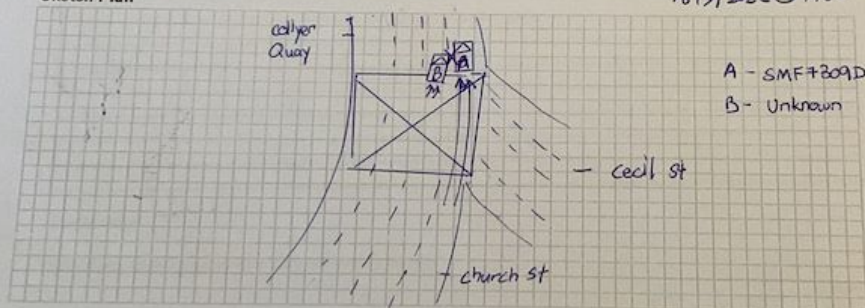
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

16/3/2022 @ 1100

Sketch Plan




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Describe Circumstances of the Accident


Please refer to the police report No. 7/2022-0315/2022

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel
 16/3/2022 @ 1100

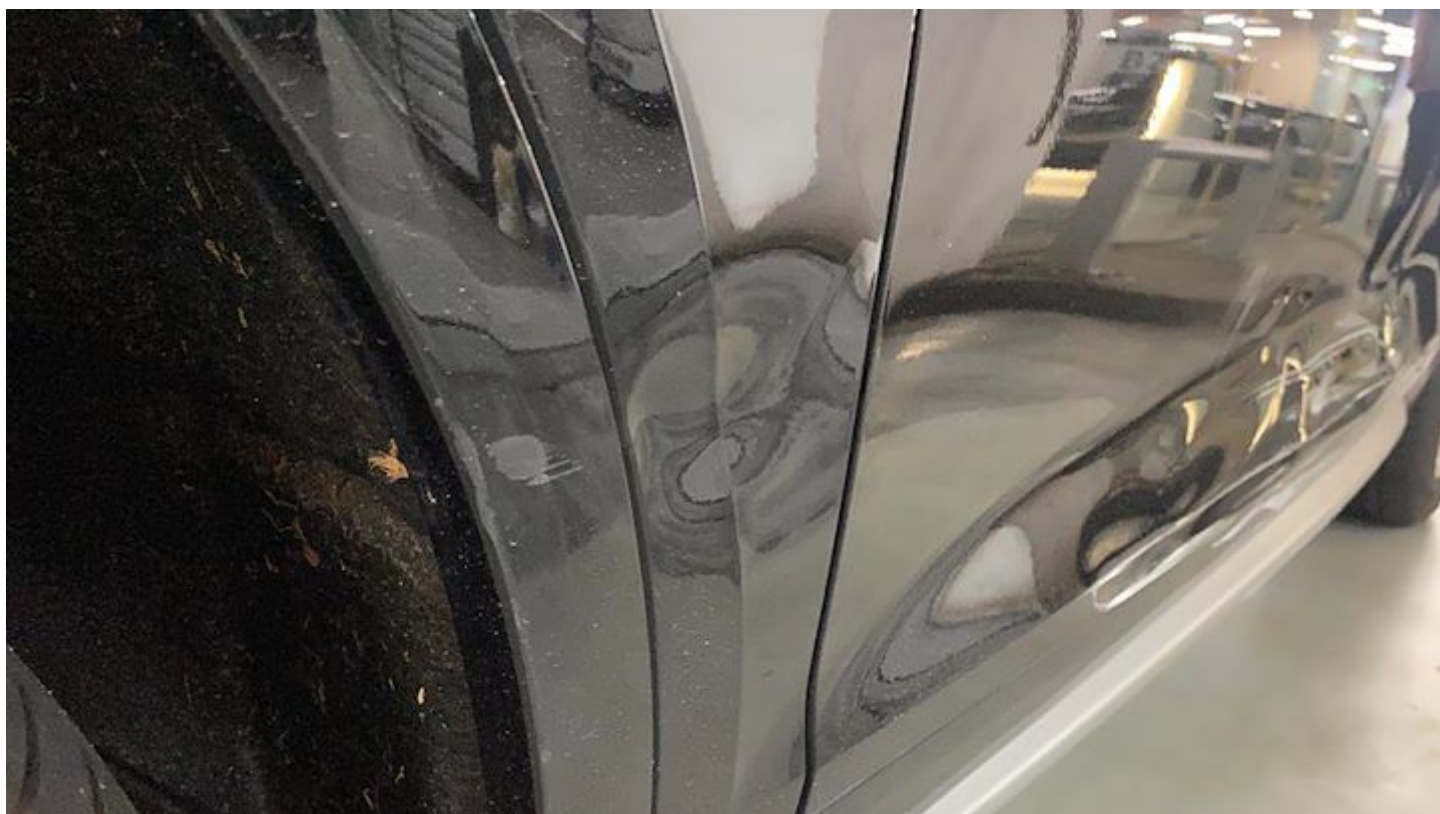
Empowering healthier lives













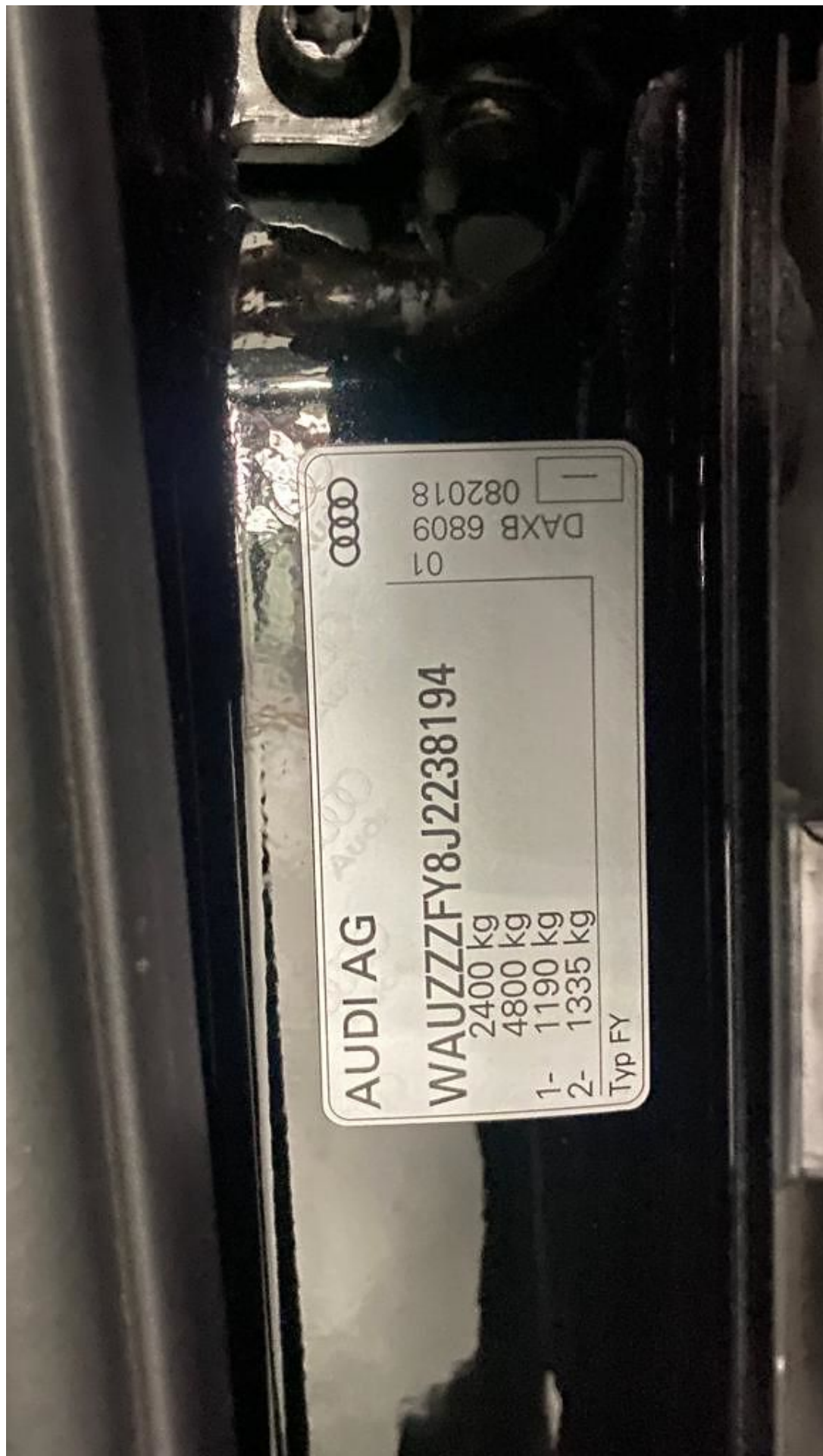




















SINGAPORE POLICE FORCE



T/20220315/2072

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20220315/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2022 18:48	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars

Name of Informant: HEENA KARAMCHANDANI MAYANI			Address: APT BLK 1 JALAN KUALA #25-01 SINGAPORE 239639		
ID Type / ID No.: FIN NO / G1376987M			Contact No.: Home/Office: Mobile: 92472250		
Nationality: THAI			Email: heena.k@gmail.com		
Sex: Female	Age: 33	Date of Birth: 14/07/1988	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lawyer (excluding advocate and solicitor)			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/03/2022 09:10	Type of Location:
Location: CHURCH STREET				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMF7309D	Car	AUDI	Q5 SPORT 2.0 TFSI QU S TRONIC	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF7309D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800139423-03	22/11/2021	21/11/2022



**SINGAPORE
POLICE FORCE**



T/20220315/2072

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20220315/2072

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HEENA KARAMCHANDANI MAYANI	ID No.	G1376987M
Related Vehicle	NIL	Contact No.	92472250
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/03/2022, at about 0910 to 0915am, I was travelling along Church St towards Collyer Quay. It was a 4-lane road and my vehicle, car plate SMF7309D, was travelling along lane 1. As my vehicle was approaching the junction turning right into Collyer quay, there was another vehicle from the left side (lane 3), travelling very close to my vehicle and side swipe onto my left passenger door. The vehicle who come very close to me could be coming from church St or Cecil St.

At that moment, the incident happened quite fast, and I was quite shocked from it. I couldn't notice the car plate number or any of the car description of it as there were a lot of vehicles travelling along the road. I also couldn't stop my vehicle in between the road to check the damages as there were a lot of vehicles moving.

I then continued drove towards my destination which was at shenton house. As soon I parked my vehicle at shenton house parking lot. I came down from my vehicle to assess the damages I saw that my left side bottom part passenger door, there were a lot of long white scratches and a few slight dents. The left side of my front wheel fender was dented as well.

At that point of time, I was rushing for my work and couldn't call for the police. At about 0945am, I called the police and they advised me to lodge a traffic police report. Hence, I am here to lodge a traffic police report against whoever hit on my vehicle.

I wished to state that, I couldn't remember are there any traffic cameras at said location. My vehicle also does not have any in-car camera. No one was injured from this incident and no property damage as well.



**SINGAPORE
POLICE FORCE**



T/20220315/2072

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Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20220315/2072

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
E / SGT 2 TAN YONG HUI

Signature Of Informant:

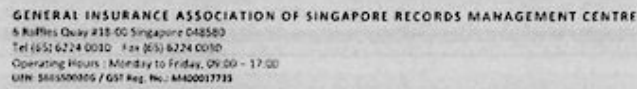
Signature Of Interpreter:
Not applicable

Date/Time:
15/03/2022 18:48

Officer In Charge Of Case:
TP / HRT /
INSP (2) TAN CHIN YONG
Contact No.: 65476425

Classification Of Case:

NP168



ADDENDUM

Original Report No : SP0R223G0001 Vehicle Registration No: SMF7309D

Name (as shown in NRIC) : HEENA KARAMCHANDANI MAYANI NRIC/FIN/Passport No : GXXXX987M

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : APT BLK 1 JALAN KUALA, #25-01 Singapore (239639)

Contact (Tel) : 92472250 Mobile No. : _____

Email Address : HEENA.K@GMAIL.COM

Date of Accident : 15/03/2022 Time of Accident : _____

Place of Accident : CHURCH STREET TOWARDS COLLYER QUAY

Insurance Company: AIG Asia Pacific Insurance Pte. Ltd

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

1. TO UPLOAD THE CORRECT POLICE REPORT
2. TO COVERT FROM REPORTING ONLY TO OD CLAIM AS NO UPDATE ON VEHICLE REGISTRATION NUMBER OF THIRD PARTY FROM THE POLICE.

Reporting Centre Personnel's Signature
Name: J. [illegible]
NRUC/TIN No.: [illegible]
Date: 12/3/2022