

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 witholding 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 Submission25/04/2022 11:55 (SGT)Date of Accident22/04/2022 17:40 (SGT)Exact Location of AccidentNear Bahar Flyover, SingaporeAdditional Location InformationPIE TOWARDS JLN BAHARCountry/State of LossSingapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number SND87821

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JAMES MONASH
NRIC No SXXXX468J

Email Address MONASH RAGAVAN@YAHOO.COM.SG

Mobile Phone No (Phone) +65-96900203

Alternative Phone No +65-96900203

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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?

Vehicle CategoryPrivate carTransmissionAutoCC1496

INSURANCE COMPANY

Name of Insurance CompanyLiberty Insurance Pte LtdType of CoverageComprehensiveFleet PolicyNoPolicy NumberSD22V01996/VPZ/R00

Cover Note Number -

DRIVER

Name of Driver JAMES MONASH
NRIC No SXXXX468J

Date Of Birth 27/05/1985 Occupation Outdoor Date Of Driving Pass 28/11/2007 Driving experience 14 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96900203 Alt. Phone Number +65-96900203 Email Address MONASH RAGAVAN@YAHOO.COM.SG Address **BLK 849 WOODLANDS STREET 82** Address complement #03-205 Postcode 730849 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHED 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 SDA8131A Vehicle Manufacturer Mazda Vehicle Model Vehicle Variant Vehicle Colour Black Vehicle Category Private car Name of Driver ANG HWEI SHYAN NRIC No SXXXX099E Contact Number Address



Address complement	=
Postcode	-
nsurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
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)

25 4/22

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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" law yers/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")

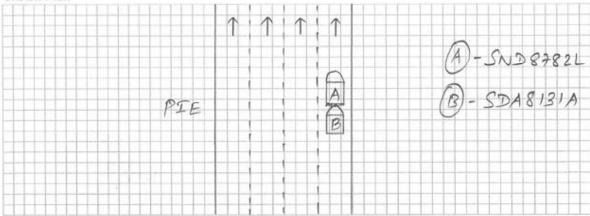
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/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 (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident 22/04/2022 @ 17:40Hrs. I was travelling towards Jln Bahar, Suddenly infront of me vehicle put emergency brake and Suit. Suddenly felt an alighted and realised vehicle B(SDA 8131A) front Portion is Collided into my Vehicle A (SND 8782L) rear Portion. We exchange our Particulars.

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

Naday;

Witnessed by Reporting Centre Personnel