

# 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 .....	14/05/2022 10:36 (SGT)
Date of Accident .....	13/05/2022 16:30 (SGT)
Exact Location of Accident .....	9 Tampines Ave 7, Singapore 529619
Additional Location Information .....	TAMPINES AVE 7 (OPP ESSO PETROL PUMP)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMU751B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KALUSKAR PRAJAKTA SUBODH
Passport No/FIN .....	GXXXX482P
Email Address .....	PRAJAKTAVARTAK@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90078245
Alternative Phone No .....	+65-90078245

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	Q3
Variant .....	SPORTBACK 1.4 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 .....	1395

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	7210077579
Cover Note Number .....	-

### DRIVER

Name of Driver .....	KALUSKAR SUBODH DATTATRAY
Passport No/FIN .....	GXXXX870U

Date Of Birth .....	17/05/1980
Occupation .....	Indoor
Date Of Driving Pass .....	04/04/2020
Driving experience .....	2 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-92728079
Alt. Phone Number .....	-
Email Address .....	SUBODH.KALUSKAR@YAHOO.COM
Address .....	68 FLORA ROAD
Address complement .....	-
Postcode .....	506913
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 - 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 .....	SIYA KALUSKAR
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

ACCIDENT DATE: 13/05/2022  
ACCIDENT TIME: 4:28PM  
ACCIDENT LOCATION: TAMPINES AVE 7 TOWARDS FLORA ROAD (OPP TO ESSO PETROL)

CLEAR WEATHER. THE TRAFFIC SIGNAL WAS AT RED. MY VEHICLE WAS AT SAFE DISTANCE FROM OTHER VEHICLE (THAT GOT INVOLVED IN ACCIDENT) FROM BEHIND. TRAFFIC SIGNAL TURNED GREEN. ALL VEHICLES START MOVING. THE VEHICLE INFRONT OF ME, I BELIEVE STOPPED A BIT AFTER MOVING. HENCE MY VEHICLE CRASHED ON THE VEHICLE INFRONT OF ME. I DIDNT GET MUCH TIME TO REACT, AND APPLY BRAKE AS MY VEHICLE IN MOTION. MY VEHICLE CRASHED FROM FRONT AND ON THE REAR SIDE OF OTHER VEHICLE. NO PHYSICAL INJURIES HAPPENED AND WE BOTH EXCHANGED DETAILS. I HAVE SUBMITTED VIDEO TO AUDI.

DETAILS AS BELOWS

1) VEHICLE IN FRONT OF ME

VEHICLE: HYUNDAI AVANTE

REG NO: SLL1918R

PERSON NAME: LIM LAY LAY MARILYN (LADY)

NRIC/FIN: SXXXX416C

2) MY DETAILS

VEHICLE: AUDI Q3

REG NO: SMU751B

DRIVER NAME: KALUSKAR SUBODH DATTATRAY

NRIC/FIN: GXXXX870U

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 ..... SLL1918R  
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

## IMPORTANT NOTICE

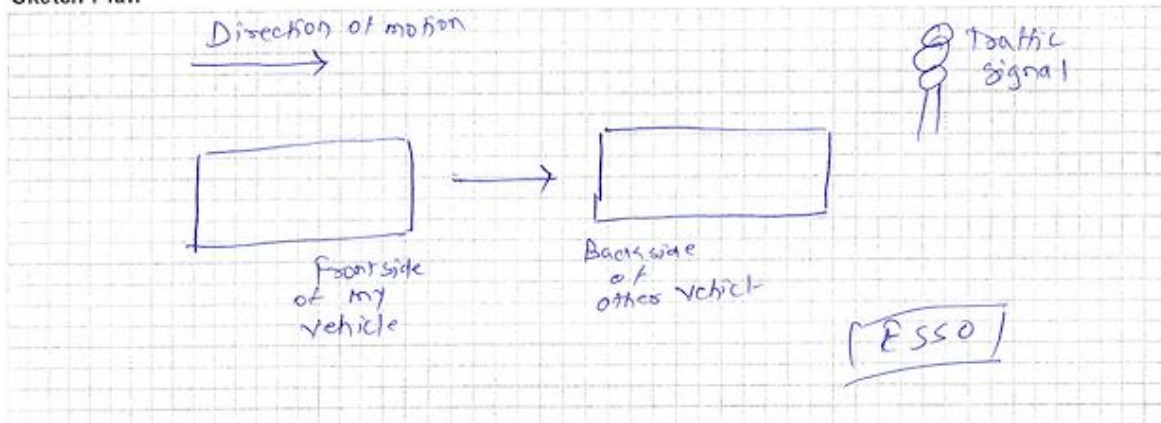
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 Tony Fong

## Sketch Plan



## Describe Circumstances of the Accident

Accident date: 13/05/2022

Accident Time: 4:28pm

Accident location: Tampines Ave 7 towards Flora Road. Opp. to Esplanade

Clear weather. The Traffic signal was at Red. My vehicle was at safe distance from the other vehicle (that got involved in accident) from behind. Traffic signal turned Green. All vehicle starts moving. The vehicle in front of me, I believe stops a bit after moving. Hence my vehicle dashed on the vehicle in front of me. I didn't get much time to react and apply brake as traffic ~~was~~ my vehicle in motion. My vehicle dashed @ from front and on the rear side of other vehicle. No physical injuries happened and we both exchanged details. I have submitted video to AUDI.

Details as below

1) Vehicle in front of Me Details

Vehicle: Hyundai Avante

Reg NO: SLL1913R

Person Name: Lim Lay Lay Marilyn (Lady)

NRIC/FIN: SG909416C

2) My details:

Vehicle: AUDI Q3

Reg NO: SMU751B

Driver Name: Kaluwar Subodh Dattaraj

NRIC/FIN: G5204870U

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel



Tomy Pang































































