

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 Actual 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	28/07/2022 14:42 (SGT)
Reported by	Driver
Date of Accident	27/07/2022 20:00 (SGT)
Exact Location of Accident	36 Mimosa Rd, Singapore 807998
Additional Location Information	36 MIMOSA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW6617G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DINESH KUMAR S/O TEVERMUTHU
NRIC No	SXXXX731E
Email Address	DINESH.TEVER@GMAIL.COM
Mobile Phone No	(Phone) +65-97364753
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
Variant	SPORTBACK 2.0 TFS
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070165966-01

DRIVER

Name of Driver	K RAVEENA
NRIC No	SXXXX047B
Date Of Birth	18/09/1988
Occupation	Indoor

Date Of Driving Pass	20/04/2009
Driving experience	13 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98185714
Alt. Phone Number	-
Email Address	RAVEENA.SMILES@GMAIL.COM
Address	ANG MO KIO STREET 44, BLK 455A
Address complement	#31-03
Postcode	561455
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	AARAV DINESH TEVER
Gender	Male

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

THE DRIVER OF THE VEHICLE WAS FEELING LETHARGIC AFTER A LONG DAY AT WORK. AFTER TURNING OUT OF THE CARPARK INTO MIMOSA ROAD, THE DRIVER ACCIDENTALLY PRESSED THE ACCELERATOR INSTEAD OF THE BRAKE CAUSING THE CAR TO CRASH AT THE BACK OF A STATIONARY VEHICLE OUTSIDE THE RESIDENCE OF 36 MIMOSA ROAD.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW6484J
Vehicle Manufacturer	Mitsubishi

Vehicle Model	Eclipse cross
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	SIA SIONG LIM
Contact Number	(Phone) +65-96573809
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	K RAVEENA
Gender	Female
Phone No	(Phone) +65-98185714
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMW6617G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

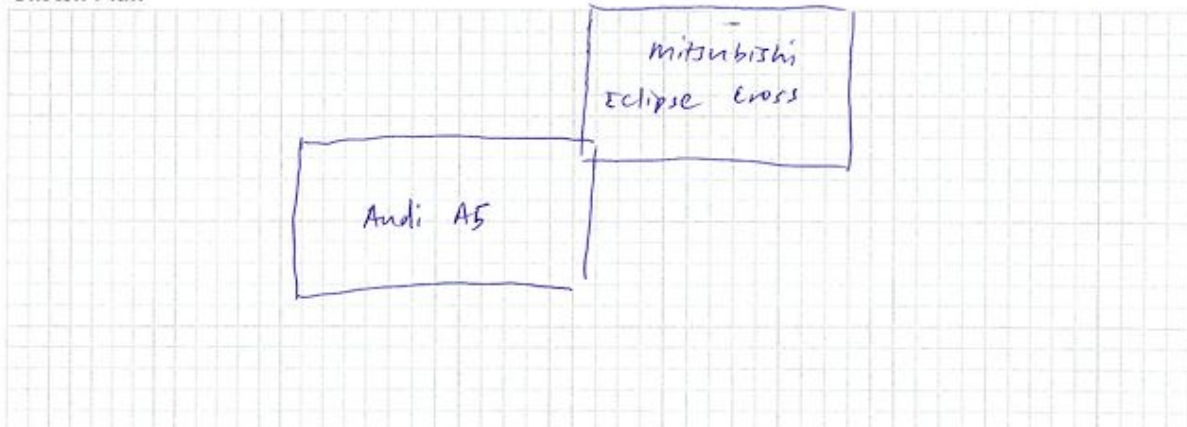
(collectively the "Purposes")

- (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.

 28/07/2022
Policyholder's Signature / Date & Time

 28/07/2022
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel Tony Foo

Sketch Plan


Describe Circumstances of the Accident

Driver of the vehicle was feeling lethargic after a long day at work. After turning out of the carpark into Mimosa Road, driver accidentally pressed the accelerator instead of the brake and causing car to crash at the back of ~~parked~~ ~~vehicle~~ stationary vehicle outside the residence of 36 Mimosa Road.

Declaration

We declare the foregoing particulars are true in every respect.

 28/07/2022
Policyholder's Signature / Date & Time

 28/07/2022
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre
Personnel Tony Fong











