

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	09/06/2022 10:38 (SGT)
Date of Accident	08/06/2022 16:14 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EUNOS ROAD 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8159P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MARIARAJAPUSHPAHARAN S/O A SAVARIMUTHU
NRIC No	S6876150F
Email Address	GRACEMICHAEL828@GMAIL.COM
Mobile Phone No	(Phone) +65-82006164
Alternative Phone No	+65-82006164

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800072787-03
Cover Note Number	-

DRIVER

Name of Driver	MARIARAJAPUSHPAHARAN S/O A SAVARIMUTHU
NRIC No	S6876150F

Date Of Birth	26/01/1968
Occupation	Indoor
Date Of Driving Pass	07/07/1990
Driving experience	31 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82006164
Alt. Phone Number	+65-82006164
Email Address	GRACEMICHAEL828@GMAIL.COM
Address	48 CARPMAEL ROAD #02-08
Address complement	-
Postcode	429974
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	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

PASSENGER 1

Name	DANZEL JOSHUA MARIARAJA
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

REFER TO SKETCH PLAN AND ATTACHED DOCUMENT

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	FBQ3983E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	GOOI CHIN PIN
Work Permit No	F7196359N
Contact Number	(Phone) +65-84097124
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOOI CHIN PIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ3983E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court order

Policyholder's Signature

Date & Time

Cycle & Carriage Industries Pte Ltd

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name:

Vincent Seah
 Cycle & Carriage Industries Pte Ltd
 Body Care & Repair Center
 DID: 6771 4401 HP: 8332 0062 Fax: 6872 1272
 Email: vincent.seah@cyclecarriage.com.sg

Version 1.3 | Updated 02 DEC 2020

Accident Report

On 8 June 2022 at about 4.14pm, I was traveling with my son along Eunus Road 2 in my car bearing registration no. SMA8159P. The weather was clear and there was minimal traffic.

Eunos Road 2 is two-way road with 2 lanes on either side. I was travelling on the right lane towards Eunus Avenue 5.

At about lamp post no. 8, before Eunus Avenue 4 exit, a white truck registration no. YM7733H was parked along the said road occupying the left lane. I noticed a man walking on the right of the parked truck presumably going to the driver's seat.

At about the same time, I heard a loud braking sound and instinctively looked at my left-wing mirror and noticed a scooter very close to my car and the next moment, I heard a loud sound and felt the impact of a collision. The scooter apparently tried to squeeze through or overtake me but collided into the left rear corner of my car causing serious damage.

The scooter rider fell on the road, and I pulled over. I quickly walked over from my car and saw the scooter on the road and the rider sitting on the pavement. It was Singapore Post scooter.

I asked him if he was injured and if he needed an ambulance. He was upset and angry with me and refused to answer me. He said he was waiting for his supervisor to come and even refused to exchange his particulars with me.

As he was not cooperative, I called 995 for assistance. At about 4.38pm the SCDF vehicle arrived. They approached him and asked him if he required any ambulance service to bring him to the hospital, but the rider declined saying that he was alright.

At about 5pm a police vehicle no. QX847X arrived. The officer took down our particulars and explained that there was no need to make a police report. Instead, he advised me to lodge an accident report with my insurance company.

I exchanged particulars with the rider and left the scene. Many of the riders' colleagues, supervisors were also at the scene taking photographs of the scooter and the accident scene. I have a in-vehicle camera for both the front and rear to



submit regarding the accident. It is clear from the video footage that the rider suddenly accelerated and collided into my moving car. There is no fault on my part. I further include some of the photographs of the scene and my car damage.

Rider's Particulars


Name of the Rider: GOOI CHIN PIN

License No: F7196359N

Mobile Phone No: 84097124

Motorcycle No: FBQ3983E

Third Party Claim


maricajia
9/6/22 @ 9.20 am.



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder	: Mariarajapushpahan S/o A Savarimuthu	Vehicle No.	: SMA8159P
Period of Insurance	: 21 Jun 2021 To 20 Jun 2022	Policy No.	: 1800072787-03
Engine No.	: 27491031347881	Endorsement No.	:
Chassis No.	: WDD2050402R384461	Issued Date	: 17 May 2021

ABOUT THE COVER

Make/Model	: MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE		
Engine Capacity/Tonnage	: 1,595.00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
Person or Classes of Persons Entitled to Drive*			

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Mileage Condition : Unlimited Mileage

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

MARIARAJAPUSHPAHARAN S/O A SAVARIMUTHU - \$800 (Own Damage), \$800 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Eunps Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612201
CYCLE & CARRIAGE - ALC
239 ALEXANDRA ROAD
SINGAPORE 159930

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500205 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1S22690002 Vehicle Registration No: SNA8754BP
Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 13 / 5 / 2022 Time of Accident : ~ 10:47
Place of Accident : _____
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

Amend - video

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: