

# **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.

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   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

INSURED/POLICYHOLDER

Is company?

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

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 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 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) 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

Motorcycle

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

Name of Driver	GOOI CHIN PIN
Work Permit No	F7196359N
Contact Number	(Phone) +65-84097124
Address	<u>-</u>
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 Gender	GOOI CHIN PIN
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

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### SKETCH PLAN

#### MPORTANT NOTICE

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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
- 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 (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of: 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
  - (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
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- 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
- 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. (c)
- 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 Sycle & Carriage Industries Pte Ltd

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Body Care & Repair Center
DID: 6771 4401 HP1 8332 0062 Fax: 6872 1272 Email: vincent.seah@cyclecarriage.com.sg

Reporting Centre Personnel's Name:

r's Signature

Driver's Signature (If driver is not the policyholder)

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020

### **Accident Report**

On 8 June 2022 at about 4.14pm, I was traveling with my son along Eunos 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 Eunos Avenue 5.

At about lamp post no. 8, before Eunos 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

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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



# CERTIFICATE OF INSURANCE

# MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Mariarajapushpaharan S/o A Savarimuthu

Period of Insurance

: 21 Jun 2021 To 20 Jun 2022

Engine No.

: 27491031347881

Chassis No. : WDD2050402R384461 Vehicle No. Policy No.

: SMA8159P : 1800072787-03

Endorsement No.

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

First Year of Registration : 2018

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive\*:

Off Peak Car : No

Insuring with COE/PARF : Yes

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

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 fution, 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.

\* 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 Act, 1987

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$D

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)

Cycle & Carriage Europs Service Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408650 62061818
 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 8338 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, 1887 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

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CYCLE & CARRIAGE - ALC

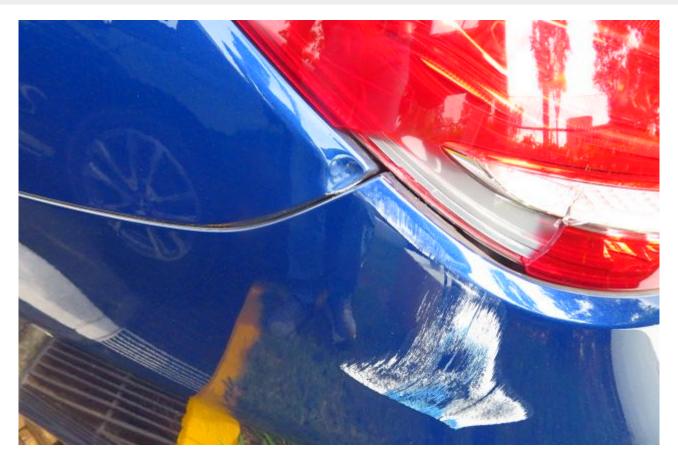
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AIG Asia Pacific Insurance Pte. Ltd.

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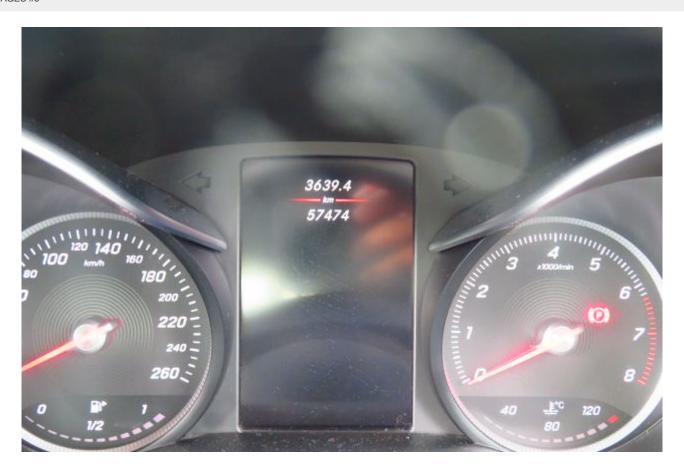






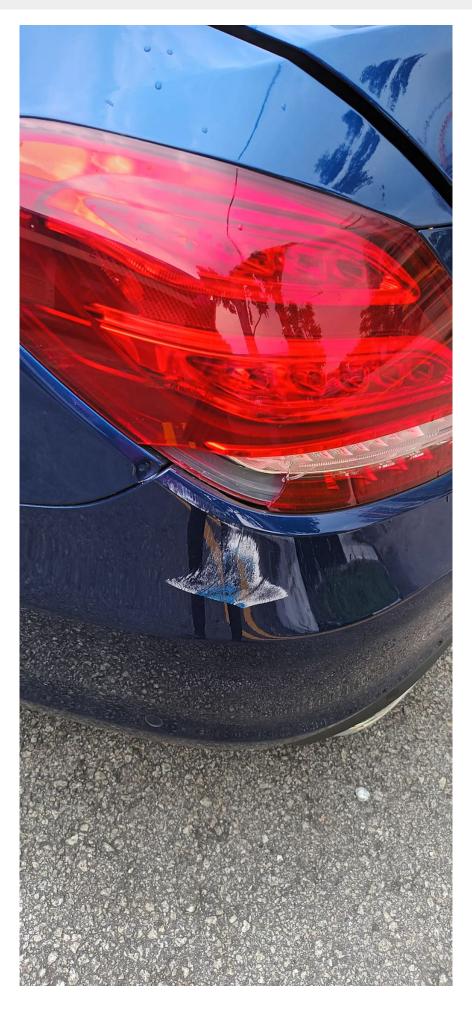


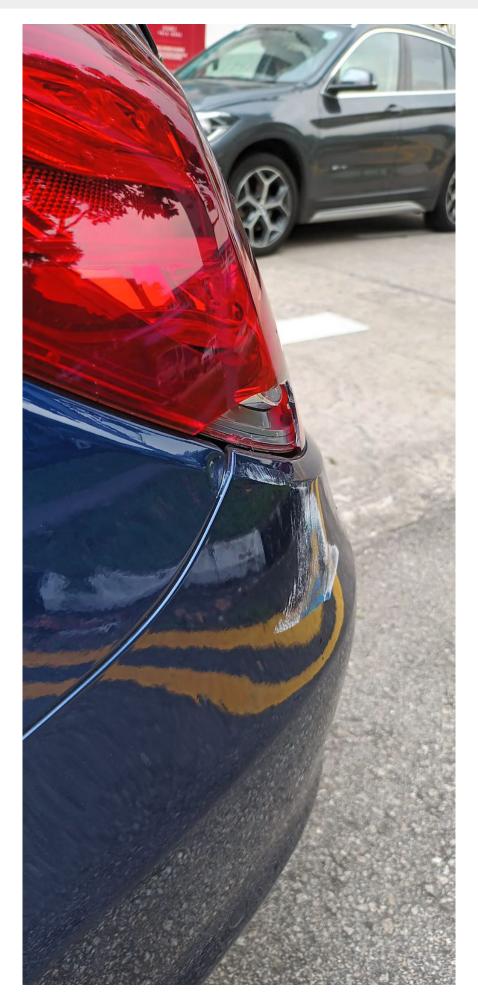


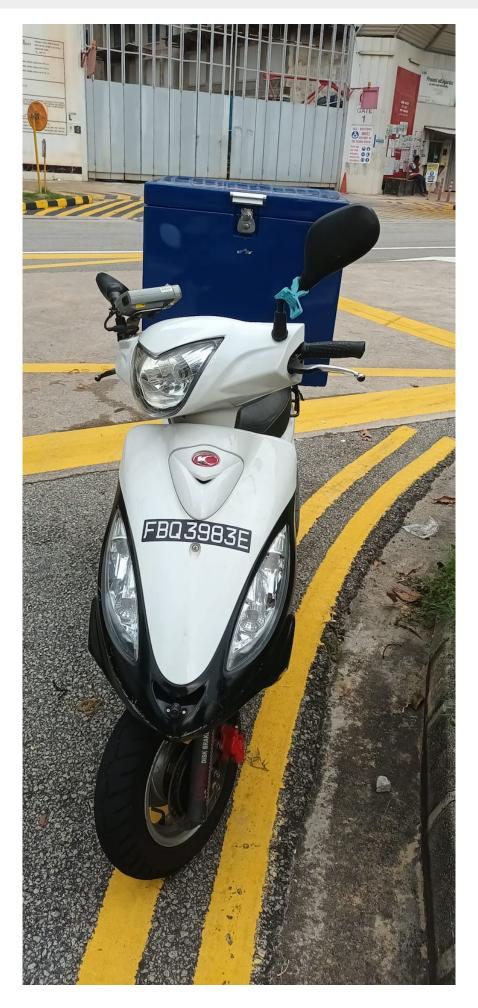














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$668500206 / GST Reg. No.: M400017735

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

	<i>A</i>	ADDENI	DUM	
)	PARTICULARS OF PERSON MAKING THE AM	ENDMEN	ITS:	***
	Original Report No : SC 15 2 26 0	od,	Vehicle Registration No:	SNB 8754BF
	Name(as shownin NRIC) :		NRIC/FIN/Passport No:	
	(*Vehicle Driver / Vehicle Owner) (*) Please	delete as	appropriate	
	Address ;			Singapore( )
	Contact (Tel) :		Mobile No.:	
	Email Address :			
	Date of Accident : 15 / 5/ 3	922	Time of Accident :	- 60:46
	Place of Accident :			
	Insurance Company: A16	CONTRACTOR OF THE PARTY OF THE		
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	Policyholder / Driver's Signature Date:		Reporting Centre Personame: NRIC/FIN No.: Date:	onnel's Signature