# **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 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 17/08/2022 17:02 (SGT) Reported by Both Date of Accident 16/08/2022 11:40 (SGT) Exact Location of Accident Jln Seaview, Singapore Additional Location Information JALAN SEAVIEW MERGING TANJONG KATONG ROAD SOUTH Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

LandRover

2000

Vehicle Registration Number SLF5291U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MALANCHA CHAKRAVARTY NRIC No S7987050A Email Address malancha2204@gmail.com Mobile Phone No (Phone) +65-91873645 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Discovery 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 No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210073236

DRIVER

Name of Driver MALANCHA CHAKRAVARTY NRIC No S7987050A Date Of Birth 22/04/1979 Occupation Indoor

Date Of Driving Pass 25/05/2016 Driving experience 6 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-91873645 Alt. Phone Number Email Address malancha2204@gmail.com Address 121 MEYER RD #09-06 Address complement Postcode 437932 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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? No 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name SOHARI RAY Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

SHB9573Z

Toyota

Prius

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM KOK HONG
NRIC No	S7018129J
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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- 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

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- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan

Katory Road South

A surped rear of Egently white

F. SHB 9573 Z

- Jalam Sea View

Describe Circumstances of the Accident	
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1 I was vaiting to two	4 10110.
Tamjoup Kations Road Sou	th.
My foot Stid off the bro	ake pedal
I was wearing stippers.	
@ Road was sloping go	ntly.
1) Road was sloping go	ruped
ento Transcal waiting	10
ento Transcals waiting	
Declaration	
MAN dealers the formal and the	
We declare the foregoing particulars are true in every respect.	
	No/vor
Policy policy of the Policy policy policy of the Policy policy policy of the Policy po	Witnessed by Reporting Centre Personnel
4.2pm.	



## CERTIFICATE OF INSURANCE

#### AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Malancha Chakravarty Vehicle No. : SLF5291U Period of Insurance : 21 Jul 2021 To 29 Aug 2022 Policy No. : 7210073236

Engine No. : 015048000652204PT Endorsement No.

Chassis No. : SALCA2AG4GH620467 Issued Date : 17 Jul 2021

#### ABOUT THE COVER

: LANDROVER DISCOVERY SPORT SI4 SE/HSE Make/Model

Engine Capacity/Tonnage : 1,999.00 CC Sum Insured : Market Value First Year of Registration : 2016 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

The Policyholder
 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.

: All Age Condition 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 tailion, driving test, racing, pace-making, reliability trial or speed-festing, 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 1800cc - 2000cc Optional

\* 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 - \$900 Theft - \$0 Flood Cover - \$900

#### Section 2

Windscreen: \$100

Named Driver and Excess (where applicable)

Malancha Chakravarty - \$900 (Own Damage), \$900 (Flood Gover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us). For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine 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: NA

If 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 Read Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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DIRECT CLIENTS 01.4.95

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature,

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP























