

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	31/12/2022 11:33 (SGT)
Reported by	Both
Date of Accident	30/12/2022 11:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE AFTER (UPPER JURONG ROAD) BEFORE SINGAPORE DISCOVERY CENTER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB1512G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SARAVANAN SUDAKAR
NRIC No	SXXXX767D
Email Address	SARAVANANSUDAKAR@GMAIL.COM
Mobile Phone No	(Phone) +65-84797783
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	2.0 TFSI S-TRONIC
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	7210085012

DRIVER

Name of Driver	SARAVANAN SUDAKAR
NRIC No	SXXXX767D
Date Of Birth	11/11/1980

Occupation	Indoor
Date Of Driving Pass	17/04/2008
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84797783
Alt. Phone Number	-
Email Address	SARAVANANSUDAKAR@GMAIL.COM
Address	BLK 1 BUKIT BATOK STREET 25
Address complement	#11-03
Postcode	658882
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 - Major/Minor Rd
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)	1
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	-

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

AFTER PIE HIGHWAY AND ENTERED TO UPPER JURONG ROAD, MY CAR WAS LOOKING TO TURN INSIDE UPPER JURONG ROAD. THE NISSAN VAN CABSTAR HIT MY CAR FROM BEHIND AT A VERY HIGH SPEED. HIT FROM BEHIND AND THE BACK SIDE OF THE CAR WAS DAMAGED TOO AND FROM BACK TO FRONT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE7042H
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	Gray

Vehicle Category	Commercial vehicle
Name of Driver	ARIFF ALFADY BIN AZMI
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

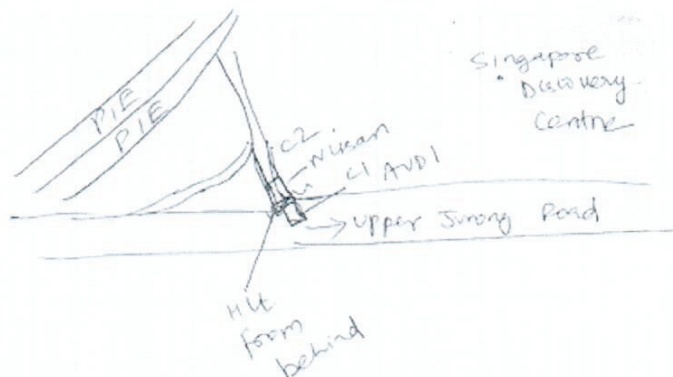
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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;
(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' law yers/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.

[Signature]
Policyholder's Signature / Date &
Time 2:20 pm

Sketch Plan

[Signature]
Driver's Signature (If driver is not the policyholder) / Date
& Time 2:20 pm

Witnessed by Reporting Centre
Personnel



Describe Circumstances of the Accident

After PIE highway driving and entered to Upper Surong Road my car was looking to turn inside upper Surong road the Nissan Van Cabstar hit my car from behind with very high speed. Hit from behind and back side of the car was damaged toward from back to front.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]
Policyholder's Signature / Date &
Time 2:30pm

[Signature]
Driver's Signature (If driver is not the policyholder) / Date
& Time 2:30pm

Witnessed by Reporting Centre
Personnel