

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 27/05/2023 11:38 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 26/05/2023 17:52 (SGT)
Exact Location of Accident Kaki Bukit, Singapore
Additional Location Information KAKI BUKIT FLYOVER.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ3797H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VIVEK CHERUMANALIL PRASANAN
NRIC No S7866950J
Email Address VIV017@GMAIL.COM
Mobile Phone No (Phone) +65-84849449
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Suzuki
Model Vitara
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 your vehicle? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10862187R00

DRIVER

Name of Driver VIVEK CHERUMANALIL PRASANAN
NRIC No S7866950J
Date Of Birth 19/02/1978
Occupation Indoor

| | |
|--|------------------------------|
| Date Of Driving Pass | 04/01/2016 |
| Driving experience | 7 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-84849449 |
| Alt. Phone Number | - |
| Email Address | VIV017@GMAIL.COM |
| Address | BLK 77 TAMPINES AVE 1 #03-11 |
| Address complement | - |
| Postcode | 529782 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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

VEHICLE B HAD COLLIDED INTO VEHICLE C AND STOPPED SUDDENLY, I BRAKE BUT COULD NOT STOP IN TIME AND COLLIDED INTO VEHICLE B REAR PORTION.

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 | SJY2267J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SNK5209J
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
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

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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

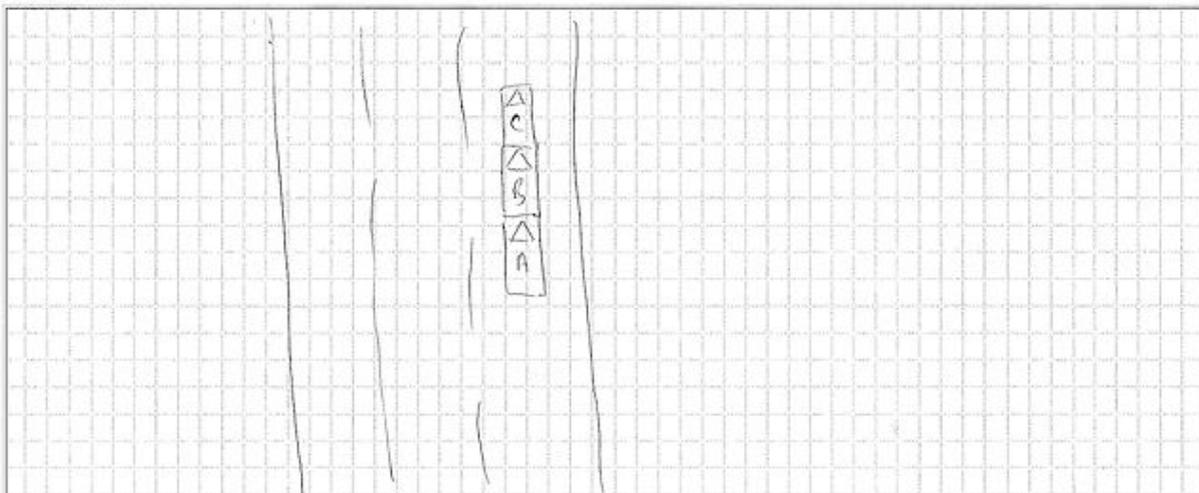
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Vehicle B had collided into vehicle C and stopped suddenly,
I brake but could not stop in time and collided into
vehicle B rear portion.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















It pays to choose

**Budget
Direct**
insurance

Policy Schedule

 Comprehensive Car Policy
 Policy Number: P10862187R00

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

Period of Insurance

Policy Number : P10862187R00 Policy Issued On : 13/03/2023
 Policy Start Date : 01/03/2023 (00:00) Policy End Date : 29/02/2024 (23:59)

Cover

Type of Cover : Comprehensive / Named Driver Plan
 Optional Cover(s) : Please refer to Policy Summary for any optional cover(s) selected.

Excess (All excess amounts are subject to GST, if applicable)

Policy : S\$ 600.00

Additional Excess (All excess amounts are subject to GST, if applicable)

Windscreen : S\$ 100.00
 Named Driver below 25 years old : S\$ 500.00
 Named Driver with less than 2 years' valid driving licence : S\$ 500.00

Policyholder

Name : Vivek Cherumanalil Prasannan
 Address : 77 TAMPINES AVENUE 1 #03-11 Singapore 529782
 Email Address : viv017@gmail.com
 Mobile Number : 84849449

Main Driver

Name : Vivek Cherumanalil Prasannan
 Date of Birth : 19/02/1978
 Gender / Marital Status : Male / Married
 Occupation : Professional
 Certificate of Merit : Yes
 Licence Held For : More than 5 years
 No. of Claims/Accidents (Last 3 Yrs) : 0 At-Fault and 0 Not At-Fault

Vehicle Insured

Vehicle Registration Number : SMJ3797H
 Chassis Number : -
 Make & Model : Suzuki Vitara 1.6
 Vehicle Colour : Blue
 Year of First Registration : 2019
 Sum Insured : Market Value
 Off-Peak Car : No
 NCD : 40%
 Vehicle Usage : Private and Commuting
 Modifications Declared : None

Driver Plan

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

Named Driver(s)

| Driver(s) | Date of Birth | Licence Held For | No. of Claims/Accidents (Last 3 Years) | |
|--------------------------|---------------|------------------|--|--------------|
| | | | At-Fault | Not At-Fault |
| Diana Kandathildamodaran | 03/03/1987 | Less than 1 year | 0 | 0 |