

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 First Submission	08/11/2024 16:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/10/2024 08:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NUS CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD4511C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NICKLES MARC PAUL
NRIC No	S2658705J
Email Address	nicklesefamily@gmail.com
Mobile Phone No	(Phone) +65-98303432
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S80
Variant	T5
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	1969
Vehicle Fuel	Petrol
First Registration Date	17/06/2016
Chassis no	YV1AS40CDG1199014
Effective Date/Time of Ownership	17/06/2016 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100471413

DRIVER

Name of Driver	EMILY PAULINE NICKLES
NRIC No	S9127731Z
Date Of Birth	08/08/1991
Occupation	Indoor
Driving Pass Date	22/09/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-98303432
Alt. Phone Number	-
Email Address	nicklesemily@gmail.com
Address	5 KELLOCK ROAD #04-03
Address complement	-
Postcode	248902
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Parked Vehicle
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

REFER TO SEKTCH PLAN

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	SMH7909L
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)	-

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IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
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4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident Date: 30/10/2024 Time: 0830
 Exact Location of Accident NUS CAR PARK.

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD48UC.

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) NICKLES MARC PAUL.
 Personal Identification - NRIC (Singaporean/PR) S2658705J.
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer VOLVO Model S80.
 Type of Vehicle* ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others.
 Exact Purpose for which vehicle was being used at time of accident Score.
 Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☒ No (If No, Pls select: ☐ Third Party ☒ Reporting)
 Vehicle Category* ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * AIA ASIA PACIFIC.
 Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
 Fleet Policy ☐ Yes ☒ No
 Policy Number 2100471413.
 Motor CI

DRIVER

☐ Same as Insured above
 Name of Driver EMILY PAULINE NICKLES.
 Personal Identification - NRIC (Singaporean/PR) S91277312
 - FIN/Passport Number
 Date of Birth 08 dd/ 08 mm/ 1991 yy
 Driving Date Pass 22 dd/ 09 mm/ 2010 yy
 Year of Driving Experience Year(s) Month(s)
 Occupation ☒ Indoor ☐ Outdoor
 Gender ☐ Male ☒ Female
 Contact Number / Mobile Phone / Fax No. 98303432.

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Address of Driver	5 KELLOCK ROAD	
	#04-05	Postcode (248822)
Email Address	nicklesenily@gmail.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No	
If No, Relationship of the Driver with the Insured	CHILD	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	HIT STATIONARY CAR	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Number of Passengers (Including Driver)	01	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SMH7909L	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles)		

SKETCH PLAN

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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' 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

Sketch Plan

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Describe Circumstance of the Accident

I was reversing into my lot and hit stationary car (SMH7909L) on the right rear door. I stopped the car after realising and drove out. I alighted the car and proceeded to take images of the stationary car (see attached). I left a note on the car, providing my contact details, for the driver to contact me.

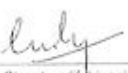
IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

UNDERTAKING

I, EMILY PAULINE NICKLES, (NRIC No. S91277312), hereby confirm that the Singapore Accident Statement lodged by me on 08/11/2024 at 1620 hours pertaining to the accident involving motor car Reg. No: SJD45UC, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I, NICKLAS MARC PAUL, (NRIC No. S26587051), am the owner of motor car Reg. No: SJD45UC and the policyholder of policy no. 2100471413.

We acknowledge that the insurer, AIG Asia Pacific Insurance Pte. Ltd. is not liable under the contract of insurance if there is (a) a breach of policy terms and conditions and/or (b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or evidence emerges that:

- a) there is a breach of policy terms and conditions; and/or
- b) Cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions,

we irrevocably jointly and severally undertake to absolve my insurer from all liability under the contract of insurance and we further jointly and severally undertake to re-pay any and all sums paid by my insurers pursuant to the contract of insurance upon my /our receipt of a written demand from the insurers.

Signature



Name of Policyholder

NICKLAS MARC PAUL

NRIC No.

S26587051

Date

08/11/2024

Signature



Name of Driver

EMILY PAULINE NICKLES

NRIC No.

S91277312

Date

08/11/2024











