

## 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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	09/10/2017 10:01
Date Of Accident	07/10/2017 09:35
Exact Location Of Accident	10 WINSTEDT ROAD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS9402J
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### Insured/Policyholder

Name Of Registered Owner	EOIN O'DONOVAN
NRIC No	S2770850A
Email Address	TAMKIKI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98437027
Alternative Phone No	Office-98437027

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-2.0 CVT ABS D/AIRBAG 2WD 5DR S/R (A)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100466489-00000
Cover Note Number	

### Driver

Name of Driver	TAMMY MUI KI O'DONAVAN (LIN MEIQI)
NRIC No	S7706307B
Date Of Birth	05/03/1977
Occupation	INDOOR
Date Of Driving Pass	03/03/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98437027
Fax Number	
Contact Number	
Email Address	TAMKIKI@GMAIL.COM
Address	259, GREENWOOD AVE,

Postcode	286875
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS AT THE DRIVEWAY, REVERSING INTO A PARKING LOT TO PARK MY CAR. AS I WAS REVERSING, I ACCIDENTALLY REVERSED INTO THE CAR PARKED BESIDE THE LOT THAT I WAS REVERSING INTO. I STOPPED IMMEDIATELY AND CAME DOWN TO INSPECT THE CAR.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH8545H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TEERAWAT VONGXAIBURANA
NRIC/Passport Number	G5201962R
Contact Number	90064943
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan

### SKETCH PLAN


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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

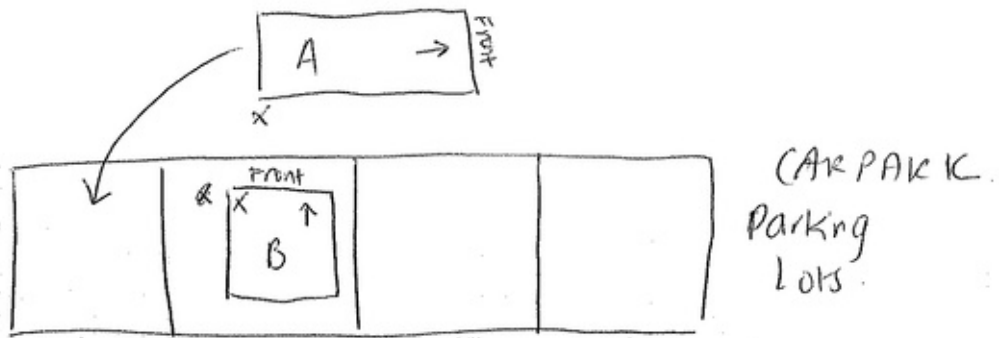
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.
- (d) 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 orders.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the driveway, reversing into a parking lot to park my car.

As I was reversing, I accidentally reversed into the car parked beside the lot that I was reversing into.

I stopped immediately and came down to inspect the car.

## 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Common Statement

# ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 7/10/2017		2 Exact location of accident 10 Winstedt Road Carpark		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	

**Registration No. SKS 9402J**  
**(VEHICLE A)**

6 Insured / policyholder (see insurance cert.)  
Name EDIN O'PONOVAN  
(capital letters)  
Address 259 greenwood Ave  
(D) 2513 75  
NRIC / Passport no. S2770857A  
Tel no. (from 9am till 5pm)  
HP 98437027

7 Vehicle  
Make, type Nissan Qashqai

8 Insurance company  
AIG  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. (if available) 2100466489-  
00000

9 Driver (See driving licence)  
(if different from insured A above)  
Name Tammy Mui Ki  
(capital letters) O'PONOVAN  
NRIC / Passport no. S27706307B  
Class of licence 3

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

**12 CIRCUMSTANCES**  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← State TOTAL number of boxes marked with a cross →

**13 Sketch of accident when impact occurred**  
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

Alternatively, please make reference to one of the sketches on page 42

15 Signatures of drivers

A

**Registration No. SLH 8545H**  
**(VEHICLE B)**

6 Insured / policyholder (see insurance cert.)  
Name TEERAWAT  
(capital letters) VONGXAI BURANA  
Address  
NRIC / Passport no. G5201962R  
Tel no. (from 9am till 5pm)  
HP 9006 4943

7 Vehicle  
Make, type BMW

8 Insurance company  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available)

9 Driver (See driving licence)  
(if different from insured B above)  
Name  
(capital letters)  
NRIC / Passport no.  
Class of licence

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

B

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

# INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all)		Email: <u>tam.ki@gmail.com</u>	
	2 Vehicle registration no. <u>SKS 9402J</u> C.C.		If commercial vehicle, state permissible carrying capacity	
	3 Is driver the owner? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable)			
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward			
	<input type="checkbox"/> Others - please specify			
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.			
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>No</u>			
	If no, state action to be taken <u>Reporting only</u>			
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation (if more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?
	<u>5/3/1977</u>	<u>Finance</u>	<u>3/3/1997</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability			
	9 Full details of all driving convictions including pending prosecutions in the last 36 months			
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes, please state which Police station			
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes, against whom?			
	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>			
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>			
	16 Speed of vehicles A <u>5</u> km/hr B <u>    </u> km/hr			
Declaration	17 What warnings were given by driver or other party?			
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	19 What lights were displayed on your vehicle/the other vehicle(s)?			
	20 If your vehicle is commercial, state weight of load carried at time of accident			
	21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)			
I/We declare the foregoing particulars are true in every respect				
Policyholder's signature _____ Date _____				
Driver's signature (if driver is not the policyholder) <u>    </u> Date _____				

Accident Photo





Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



