

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	08/12/2017 18:29
Date Of Accident	08/12/2017 09:20
Exact Location Of Accident	SENG POH LANE INFRONT OF TIONG BAHRU MARKET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKC3143E
Insured/Policyholder	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	MWADHERA@MAC.COM
Mobile Phone No	(LOCAL) +65-90304747
Alternative Phone No	OFFICE-90304747
Vehicle Particulars	
Manufacturer	HONDA
Model	CRV
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093337471
Cover Note Number	
Driver	
Name of Driver	WADHERA MALINI NARANG
NRIC No	G5174679T
Date Of Birth	16/05/1968
Occupation	INDOOR
Date Of Driving Pass	14/12/2012
Driving Experience	4 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90304747
Fax Number	
Contact Number	OTHERS-90304747
EEmail Address	MWADHERA@MAC.COM

Address	9 ARDMORE PARK #06-03
Postcode	259955
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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)	1

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

PLEASE REFER TO SKETCH PLAN

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	SKM7570B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	STEPHANIE FOONG LAI CHEN
NRIC/Passport Number	
Contact Number	91860272
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan



SKETCH PLAN

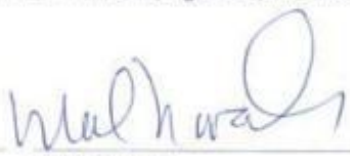
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8. **Consent under the Personal Data Protection Act (PDPA)**

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 (a) 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: DEC 9, 17 11:30


Reporting Centre Person's Signature
Name: 
NRIC/FIN No: 

Sketch Plan #2

SKETCH PLAN



A) SKC 3143E

B) SKM 7570B

Opening / closing of vehicle by 3rd party SKM 7570B
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING DOWN SENG POH LANE IN TANG BAHON. A WOMAN OPENED THE DRIVER'S SIDE DOOR INTO ONCOMING TRAFFIC. I DID NOT HAVE ENOUGH TIME TO STOP AND I HIT HER DOOR. THE STREET IS BUSY, NARROW ONE WAY STREET WITH PARKED CARS - LEAVING VERY NARROW ROOM FOR DRIVERS.

FORTUNATELY I DID NOT HIT ANYONE ELSE. AFTER THE ACCIDENT THE DRIVER TOLD ME THAT SHE SAW ME, BUT SHE STILL PROCEEDED TO OPEN THE DOOR AND ENDANGERED ME AND MY VEHICLE.

SHE ALSO CLAIMS I WAS SPEEDING. SHE HAS NO BASIS FOR THAT CLAIM AS SHE COULD NOT HAVE ASSESSED MY SPEED.


FURTHERMORE IF SHE FELT I WAS SPEEDING SHE SHOULD NOT HAVE OPENED HER DOOR AS YOU KNOW SENG POH LANE IS NOT A STREET ON WHICH YOU CAN SPEED. HER CLAIM IS FALSE.

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: 00/12/17

Reporting Centre Person's Signature: 
Name: Rishi Vohra
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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