

## 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 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	22/02/2018 11:11
Date Of Accident	21/02/2018 11:45
Exact Location Of Accident	AT SHOPPING TOWER OF Ngee ANN CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB4008L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GISELA RIVERA
NRIC No	S2550448H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96188095
Alternative Phone No	OTHERS-96188095

### Vehicle Particulars

Manufacturer	MASERATI
Model	GRANTURISMO 4.2 AUTO
Exact Purpose for which vehicle was being used at time of accident	
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1072902
Cover Note Number	

### Driver

Name of Driver	GISELA RIVERA
NRIC No	S2550448H
Date Of Birth	14/12/1963
Occupation	INDOOR
Date Of Driving Pass	04/03/1987
Driving Experience	30 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96188095
Fax Number	
Contact Number	OTHERS-96188095
EEmail Address	NOEMAIL

Address	2A BRIZAY PARK
Postcode	279943
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

KINDLY 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	SKL9923J
Vehicle Make/Model/Colour	AUDI STATION WAGON RS6 (WHITE)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH AH HENG
NRIC/Passport Number	S0010441H
Contact Number	97273680
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

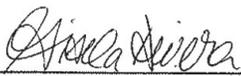
**SKETCH PLAN**

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7. By the lodgment 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)**

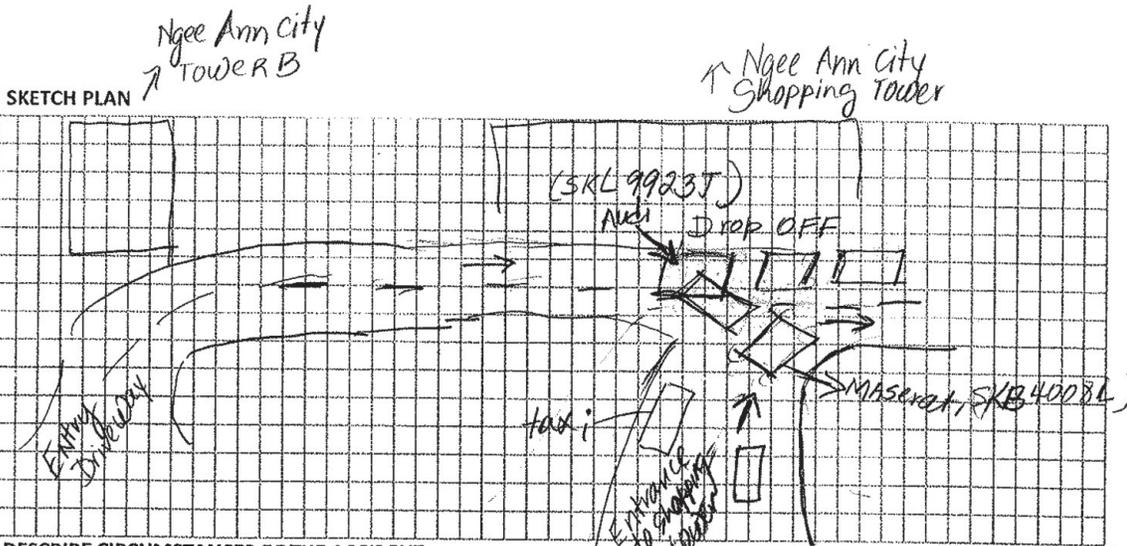
I understand, acknowledge, agree and consent that:

- (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.
- (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:  
 Feb. 22, 2018

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Right before noon on February 21, 2018, while entering Ngee Ann City Shopping Tower and going up the slope on entry lane an Audi station wagon RSD license plate SKL 9923T that had entered from Tower B (offices) decided to move to my lane ~~without~~ without any indication because her lane was blocked by cars dropping off and collided with my car (white Maserati SKB 4008L) as I was going up the slope, keeping on my entry lane. The Audi hit the Maserati on the front left (passenger side) side with the front of her car and then proceeded to back up a bit (making further damage). Then she (driver of Audi) got out of her car and started taking photos of the cars, I mentioned to her that she had moved the car and she was not supposed to. After taking photos and moving cars to the side, Audi driver offered me (Maserati driver) to fix my car at her workshop but I declined because ~~that~~ Maserati needs specialised repairman. Then she said we must call police, I said ok if you want but is unnecessary as there was no injury. Instead, we exchanged phone numbers, she gave me her driver's license info and I gave her my NRIC info. There was no insurance exchange as she didn't want. before leaving scene she said you go to your insurance

*Spinal wires*

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting only
	- Claim OD
	- Claim TP
✓	- Claim OD/TP at other workshop

*I go to mine. I try to contact*

DECLARATION

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

*her during afternoon and evening and send message asking if she would take responsibility but she ignored my messages.*

*Spinal wires*  
 Policyholder's signature  
 Date & Time  
 Feb. 22, 2018

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

Reporting Centre Personnel's Signature  
 Name:  
 Nric/Fin No.