

## 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	05/03/2018 18:49
Date Of Accident	03/03/2018 13:15
Exact Location Of Accident	DUNEARN RD BEFORE BARKER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW4142H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GIOVANNI RINALDI
NRIC No	S2720690E
Email Address	GIOCAROL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97564612
Alternative Phone No	OTHERS-97564612

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (J11) (A)
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100470849-01000
Cover Note Number	16/06/2017 - 15/06/2018

### Driver

Name of Driver	CAROLYN NATALIE BAVA
NRIC No	S7146977H
Date Of Birth	25/12/1971
Occupation	INDOOR
Date Of Driving Pass	24/05/1995
Driving Experience	22 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97478748
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	79 FARRER DR #03-02
Postcode	S259283
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
Number of vehicles involved in the accident	2
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

1 driver & 1 passenger. Refer to attached sketch plan.

### Attachment(s)

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

### Details of Witness 1

Name	MATTEO RIVALDI
Phone Number	
Email Address	

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCV8186T
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DESMOND
NRIC/Passport Number	S8123900B
Contact Number	90090777
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

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.

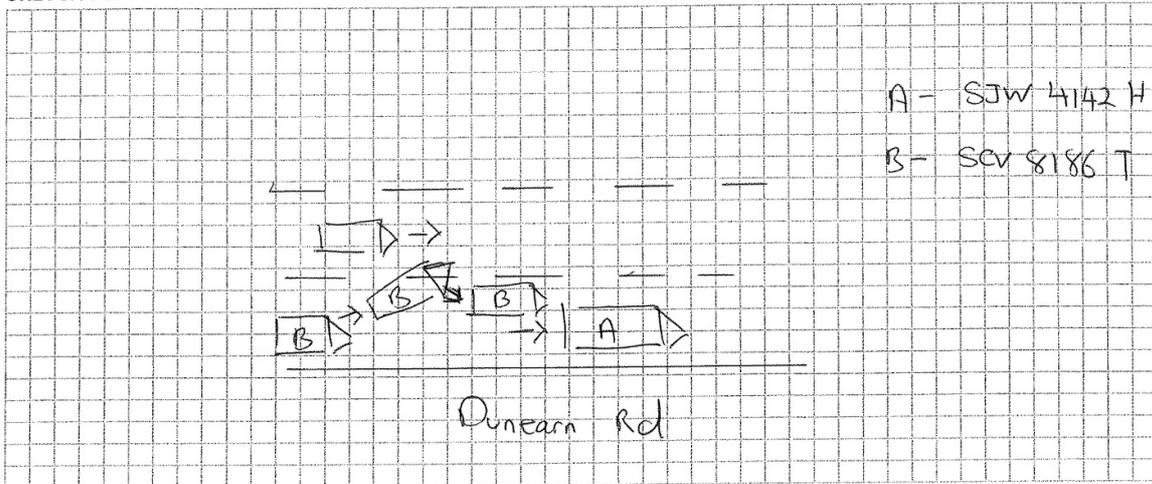
Handwritten signature of Policyholder, Date & Time: 5/3/18, 3.00 PM

Handwritten signature of Driver, Date & Time: 5/3/2018, 3:10 pm

Handwritten signature of Reporting Centre Personnel, Name: , NRIC/FIN No.: , and circular stamp for AUTOCLINIC PTE LTD

Accident Sketch Plan Pg. 2

SKETCH PLAN



A - SJW 4142 H  
B - SCV 8186 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bulkit Timah Rd. I was in the extreme right lane in a queue of cars awaiting to turn right towards Balmoral Road. I was stationary and talking to my son in the car awaiting my turn to move. All of a sudden I was hit in the back and there was a loud sound. I stopped the engine and got out of the car after checking that my son was ok. The driver at the back had also departed from his car. I inspected the damage. The other driver told me that he had been hit by another car. As he was talking to me he started to point and move ahead of me towards the queue of cars to take the details of that other car. As I followed his movement I saw another lady in the front of the queue of cars alight from a silver/grey vehicle. She inspected the back of her vehicle and then got in to the car and drove off. The driver of the other car came back to the accident site. We exchanged id details and took photos. I then left to head to Nissan Bulkit Timah.

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 5/3/18  
3:10 PM

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 5/3/2018  
3:10pm

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





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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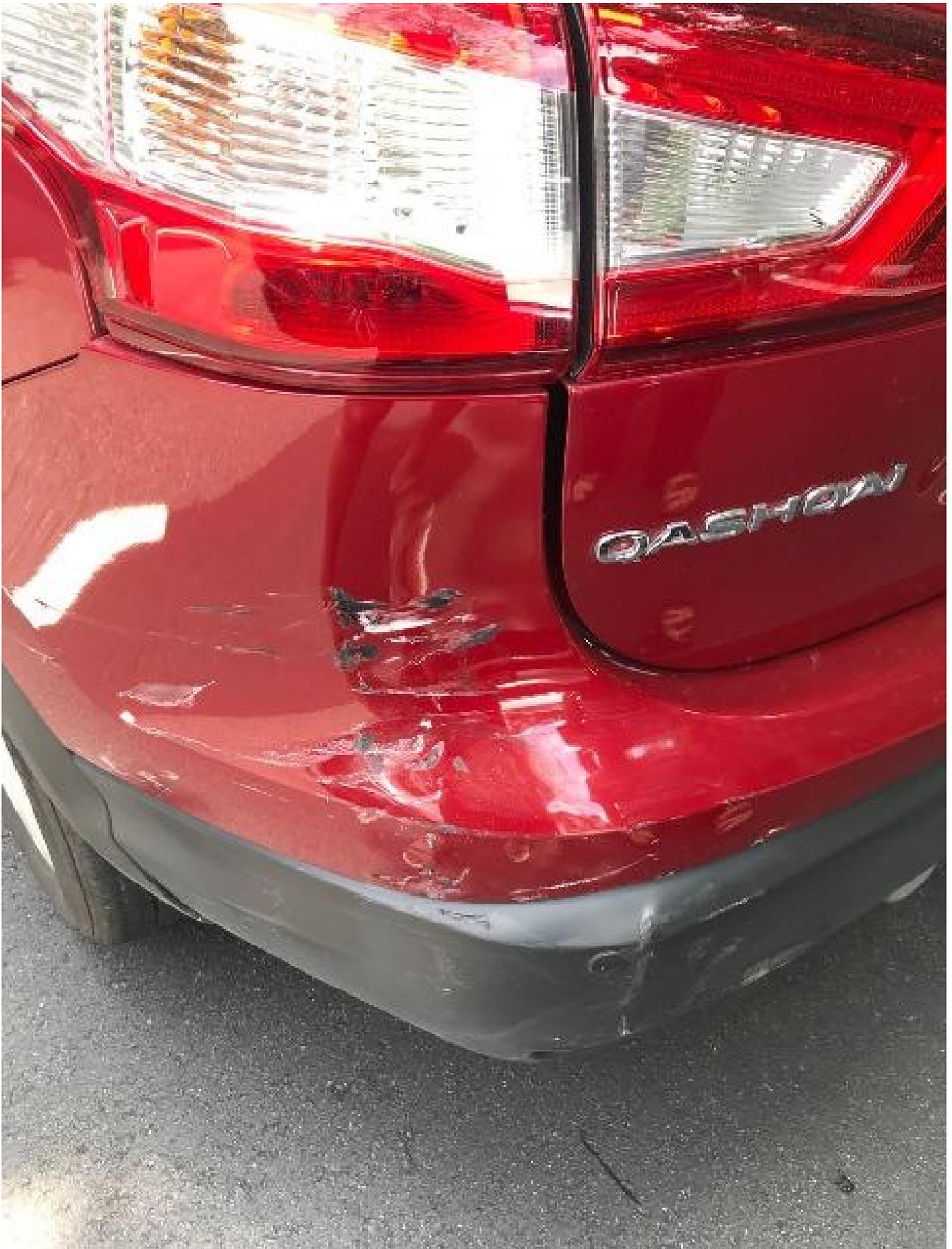
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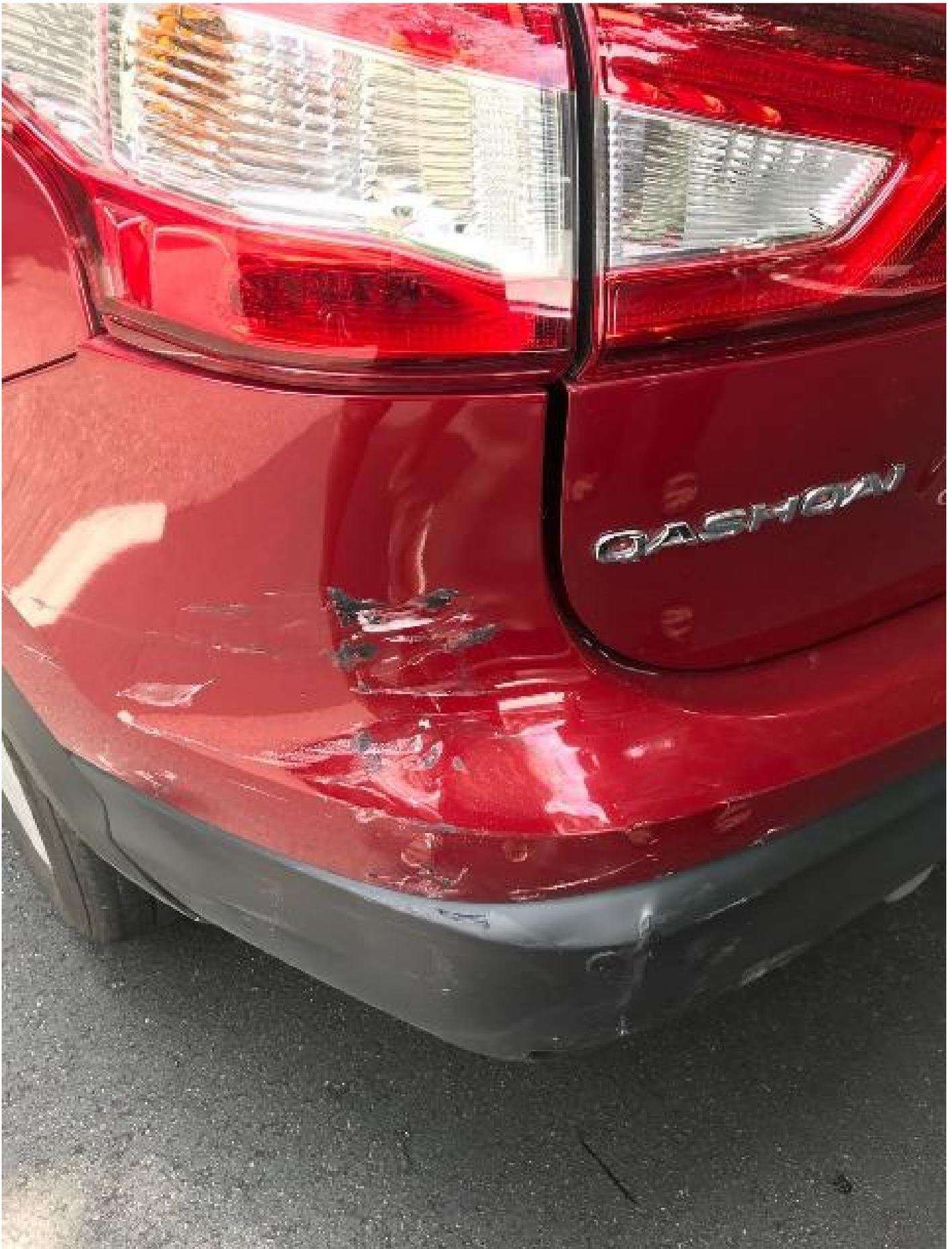
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