

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	30/05/2018 15:36
Date Of Accident	30/05/2018 12:00
Exact Location Of Accident	SLIP ROAD FROM TANGS CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3901X
Insured/Policyholder	
Name Of Registered Owner	DUNCAN NURSEY
NRIC No	S2707003E
Email Address	JACQUINURSEY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98252625
Alternative Phone No	Office-98252625

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (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?	YES
If No, Please state action to be taken	
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	2100488836-01
Cover Note Number	

Driver

Name of Driver	JACQUELINE SUSAN NURSEY
NRIC No	S2707004C
Date Of Birth	19/01/1955
Occupation	INDOOR
Date Of Driving Pass	17/07/1995
Driving Experience	22 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98628779
Fax Number	
Contact Number	
E-Mail Address	JACQUINURSEY@GMAIL.COM
Address	222 DUCHESS AVENUE #05-12
Postcode	266338
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 - MAJOR/MINOR RD
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

REFER ATTACH

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	SJG6608C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	CAMILLA SPINK
NRIC/Passport Number	
Contact Number	87994864

Address

BIZ LINK RENT A CAR - RAYMOND

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

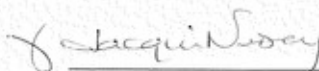
SKETCH PLAN

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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.

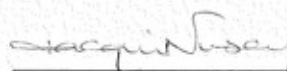


Policyholder's Signature

Date & Time:

30/8/18
19:00

GIA-SMS SketchPlanForm V3

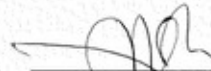


Driver's Signature

(If driver is not the policyholder)

Date & Time:

30/8/18
19:00



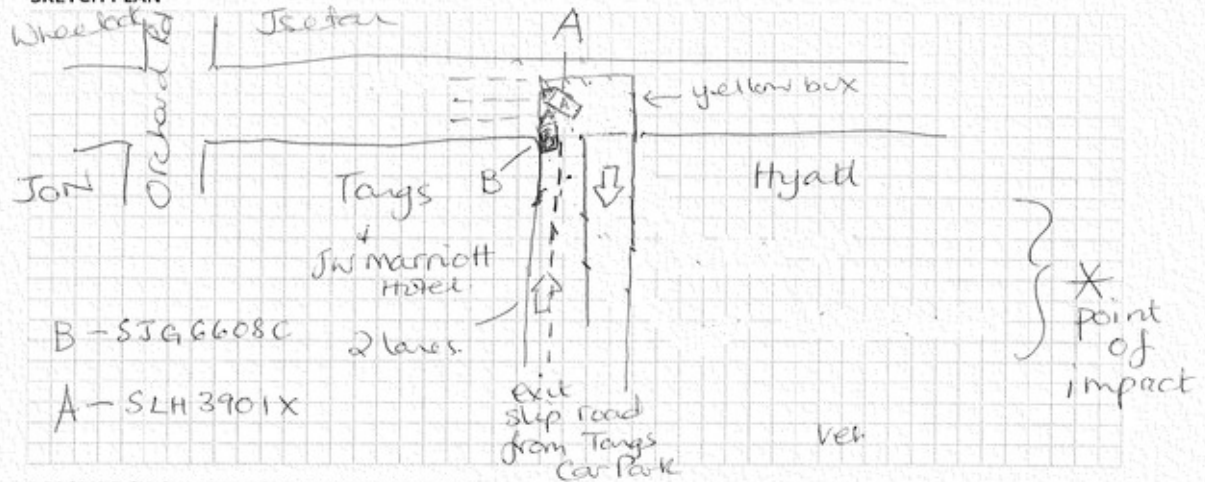
Reporting Centre/Personnel's Signature

Name:

NRIC/FIN No.:

Other Driver: Camilla Spink 81774864
camillaspink@hotmail.co.uk

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Wednesday 30 May 2018 - 12noon.
I was exiting slip road from Tangs car park into Scotts Road & in the right most lane.
I was stationary while waiting for traffic coming from right along Scotts Road to either allow me to exit or for road to be clear.
Traffic stopped to allow me to exit
Car also waiting to exit in left most lane. driver by Camilla Spink turned out of the slip road onto Scotts Road & hit my passenger side of car.
I was aware traffic also in left hand lane but was looking to my right as I pulled out, I believe that Camilla did not keep to her lane.
Her car is a rental car from Bizlink Rent a Car

DECLARATION

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

Stequinusey

Policyholder's Signature

Date & Time:

30/5/18

14:00

Stequinusey

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/5/18

2pm

ASL

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

