

MSME18070542 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 31/05/2018 12:49
SUBMITTED BY: Chia Pei Ying

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	31/05/2018 12:49
Date Of Accident	30/05/2018 14:00
Exact Location Of Accident	TANGS CARPARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG6608C
Insured/Policyholder	
Name Of Registered Owner	BIZLINK RENT-A-CAR PTE LTD
Co Reg No	200402911Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96907548

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC-2.0 (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	999995014/100754854-00000
Cover Note Number	

Driver

Name of Driver	CAMILLA MERELINA SPINK
NRIC No	G3375257T
Date Of Birth	19/02/1975
Occupation	INDOOR
Date Of Driving Pass	08/04/1993
Driving Experience	25 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-87994864
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 98 WOODLEIGH PARK
 Postcode 357861
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - LEASEE
 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

I WAS LEAVING TANGS UNDERGROUND CARPARK EXITING ONTO THE MAIN ROAD. I WAS ON THE LEFT HAND LANE. AS I PULLED OUT TO TURN LEFT, AT THE EXACT MOMENT, THE OTHER CAR WHICH WAS ALSO EXITING TANGS MALL ON THE RIGHT HAND LANE ALSO PULLED OUT AND THE 2 CARS COLLIDED AT THAT MOMENT. THE DRIVER SAID THAT SHE DID NOT SEE ME AS I HAD BEEN IN HER BLIND SPOT. I DID NOT EXPECT HER TO PULL OUT IN FRONT OF ME BECAUSE IT WAS A LEFT HAND TURN ON A ONE WAY STREET. HER CAR HAS SOME DAMAGE (A SMALL DENT AND SCRATCH) ON THE LEFT HAND SIDE. MY CAR IS SCRAPED AT THE FRONT.

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 SLH3901X
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

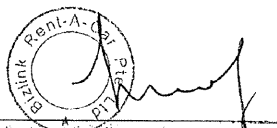
Sketch Plan Pg. 1

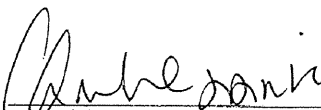
SKETCH PLANIMPORTANT NOTICE


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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.

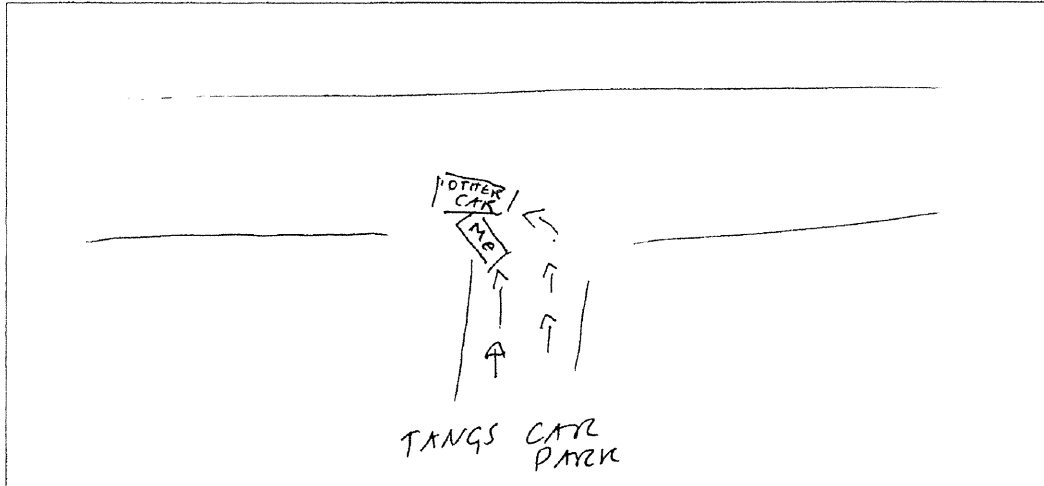

 Policyholder's Signature
 Date & Time:


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


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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS leaving Tangs underground carpark + exiting on to the main road.

I WAS ON THE LEFT HAND LANE.

AS I PULLED OUT TO TURN LEFT, AT THE EXACT MOMENT, THE OTHER CAR WHICH WAS ALSO EXITING TANGS MALL ON THE RIGHT HAND LANE ALSO PULLED OUT + THE TWO CARS COLLIDED AT THAT MOMENT.

THE DRIVER SAID THAT SHE DID NOT SEE ME AS I HAD BEEN IN HER BLIND SPOT.

I DID NOT EXPECT HER TO PULL OUT IN FRONT OF ME BECAUSE IT WAS A LEFT HAND TURN ON A ONE WAY STREET.

HER CAR HAS SOME DAMAGE (A SMALL DENT AND SCRAPE) ON THE LEFT HAND SIDE.

MY CAR IS SCRAPPED AT THE FRONT

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6185
Fax +65 6547 6259
www.police.gov.sg

Your Ref : J/20180220/0073
Our Ref : TP/JP/11759/2018

Date : 11 APRIL 2017

SAIRI BIN AMAN
APT BLK 911 TAMPINES ST 91
#02-97
SINGAPORE 520911

Dear Sir/Madam,

**TRAFFIC ACCIDENT INVOLVING MOTORCAR SLT4157H AND MOTORCYCLE JLP3178 ON
20.02.2018 AT ABOUT 7.37 A.M.**

I refer to the above accident.

- 2 We have completed our investigations and have not produced any substantive results.
- 2 Traffic Police is unable to conclusively determine who the party responsible for the accident was.
- 3 Hence, no further action will be taken against anyone in this case. You may wish to note that our decision does not preclude future prosecution should new evidence emerge at a later stage.
- 4 Please be informed that our decision does not preclude you from pursuing civil claims.

Yours faithfully,


**MUHAMMAD RIZWAN
for HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

NP 510

A FORCE FOR THE NATION