## Actual e-Filling Submission Date & Time: 07/08/2018 12:33

#### 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 witholding of material facts may allow insurance companies to repudiate policy ability

SINGAPORE ACCIDENT STATEMENT

- 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.

<ol><li>By the lodgement of this report to the insurers, you hereby con aforesaid.</li></ol>	nsent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	06/08/2018 11:53
Date Of Accident	16/06/2018 21:40
Exact Location Of Accident	NO.101 FERRER ROAD (SOMMERVILLE PARK)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ4214T
Insured/Policyholder	
Name Of Registered Owner	GEORGE JOHN ATTEWELL
Passport No/FIN	G5955534R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91841255
Alternative Phone No	OTHERS-91841255
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90-2.5 T (A)
Exact Purpose for which vehicle was being used a time of accident	t

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE CAR

**Insurance Company** 

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

**COMPREHENSIVE** Type Of Coverage

Fleet Policy

Policy Number 2100493394-01

Cover Note Number

**Driver** 

Name of Driver KARINA ANDREA ZAMBON

Passport No/FIN G5161966N Date Of Birth 14/05/1970 Occupation **INDOOR Date Of Driving Pass** 25/07/2012

**Driving Experience** 5 YEARS AND 10 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-91841255

Fax Number

Contact Number

**EMail Address** KARINAGOULIOS@GAMAIL.COM Address 4 KHEAM HOCK ROAD

Postcode 298777

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

\_

Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident COLLIDED INTO PARKED VEHICLE

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?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

#### REFER TO POLICE REPORT

### 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 SHD7205P

Vehicle Make/Model/Colour BLUE COMFORT CITYCAB

**Details Of Properties** 

Vehicle Category TAXI
Name of Driver MR LOO

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### Sketch Plan

#### SKETCH PLAN

#### 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.
- 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 liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:
  - 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

Naghe: Beun

NRIC/FIN No.: 5787/8595

## Sketch Plan #2

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SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT							
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	ículars are true în every respec	d.						
	iculars are true in every respec	it.						
	iculars are true in every respec	at.		) -				
ECLARATION We declare the foregoing part	iculars are true in every respec		Report	A-Cing Cen	tre Per	sonnel	s Signat	ure



Auto Consultants Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SING APORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AIG18011203/K1eb3

17 JULY 2018

By Registered Mail

ATTEWELL GEORGE JOHN 4 KHEAM HOCK ROAD SINGAPORE 298777

Dear Sir/Madam.

## ACCIDENT INVOLVING SJZ 4214T AND SHD 7205P ON 16/06/2018 ALONG 101 FARRER **DRIVE @ 21:40 HOURS**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Our record shows that to date, you/your driver have not reported the accident to us. We would appreciate it if you could urgently file a report at any of AIG reporting centre. You may refer to your Certificate of Insurance for the list of the reporting centre.

Please note you had been notified via post from our office dated 22/06/2018.

To enable us to look into the matter immediately, please let us hear from you within fourteen (14) days from date of this letter (by 31/07/2018).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s AIG Asia Pacific Insurance Pte Ltd reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully.

ASHER SNG Case Handler

DID: 6841 6051 Fax: 6741 4108

Email: ashersna@lkkauto.com

Claims Manager

AIG Asia Pacific Insurance Pte Ltd

Report Made at Police Station on the 30/07/10 at 5.28 pm

Page 5 of 23

## POLICE REPORT Pg. 1

Annex D

#### NOTICE OF REPORTING

This is to confirm that <u>Karina Andrea Zambon</u>, I/C: <u>G5161966N</u>, has reported to the Police a non-injury traffic accident which occurred at <u>along No.101 Farrer Road (Sommerville Park)</u> on <u>16/06/2018</u> at about <u>2140hrs</u>, whereby complainant was driving her vehicle SJZ 4214T.

## Brief facts of case:-

While I was tring to reverse my vehicle out onto the main road at the said location, and after allowing one vehicle to drive past me from my rear view mirror, I slowly reversed out but somehow hit onto SHD7205P.

My vehicle rear bumper hit onto the rear right side of the taxi body. No injury on both parties. No government property was damaged. Complainant was advised by insurance agent to notify the Police. No foreign registered vehicle involved. I wish to state that there was an initial agreement to resolve the matter in private settlement of S\$100/- asked by Mr Loo but till date, the driver had not called back or collect the money. There was no exchange of any documents then. I messaged him twice but to no avail.

A1) SHD 7205P (Comfort Taxi Driver) Mr Loo HP: 96459787

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

49-4 PHOOD POLICE CENTRE

53**0)** 58914

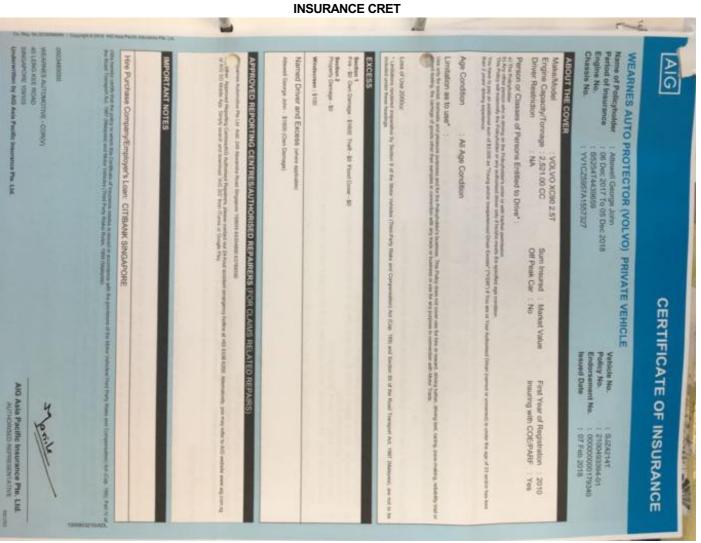
Rank/Name of Issuing Officer: SSgt 96795 Norman Jalal

Date: 30/07/2018 at 1725hrs

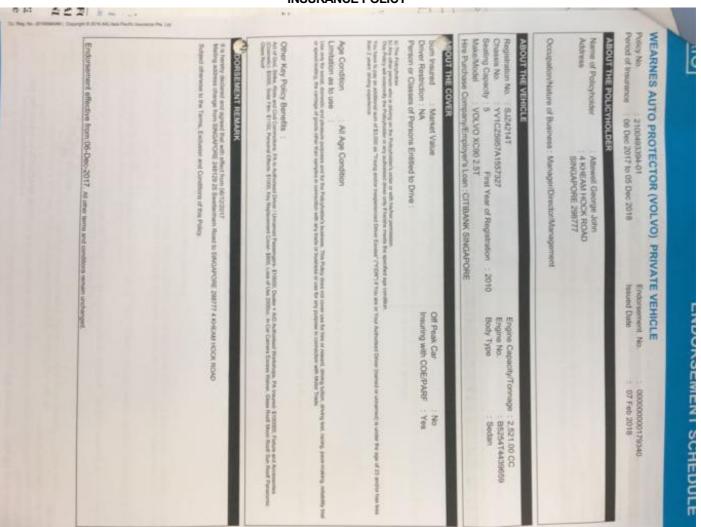
Police Post/Unit: Bukit Timah NPC

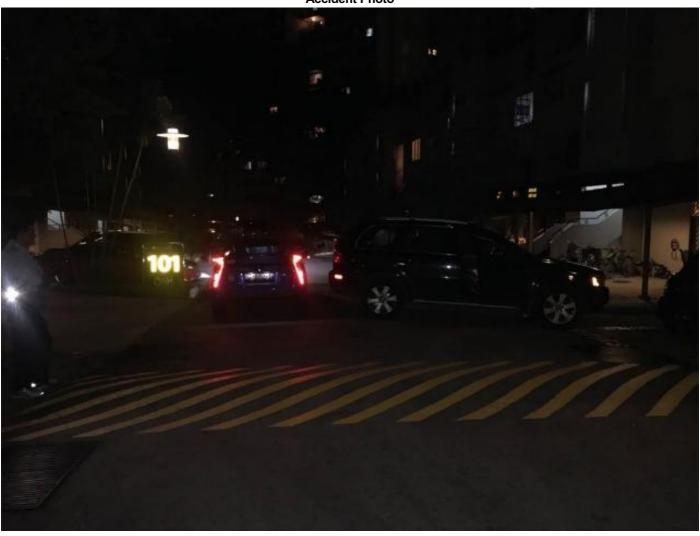
Original - to be issued to informant Duplicate - to be submitted to Traffic Police

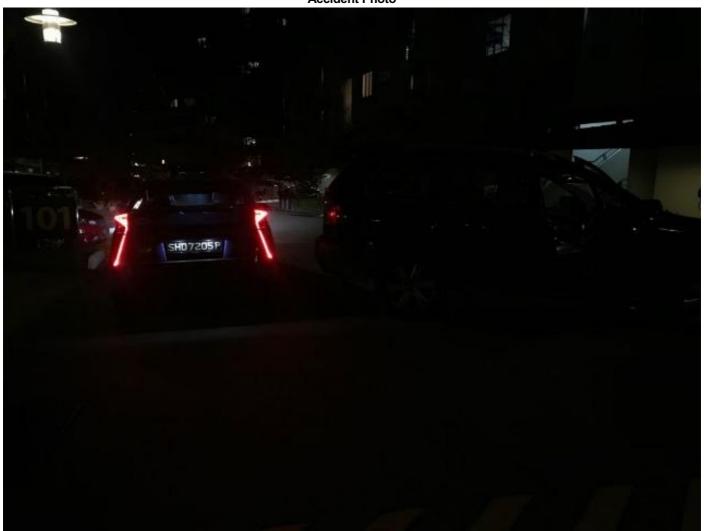
Page 6 of 23



## **INSURANCE POLICY**



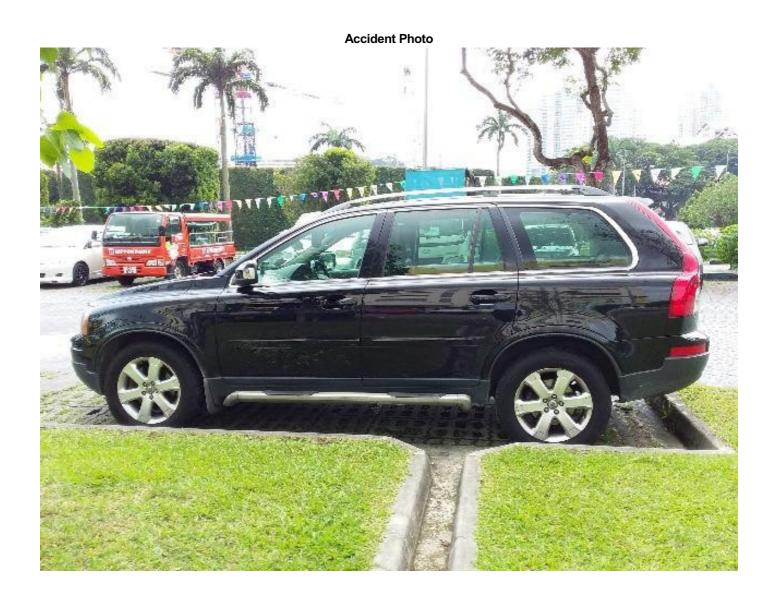
























## **Identification Card**





## **Driving License**





## **Addendum Sheet**

# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

(A) I	THE AMENDMENTS:
	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
Outsing Deport No :	MDPP 18 10 1144 Vehicle Registration No: SJZ 4214 T
Original Report No.	Andrea Zamban
me(as shown in NRIC):	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	CHIIGH IN
NRIC/Passport No:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address:	4 KNEAM HOLL ROAD 32101111 (H/P): 9184 1255
Contact (Tel):	(H/P): 3/104
(Email):	21:40
Date of Accident :	16 06 2018 Time of Accident: 21:40
Place of Accident :	N- 101 FAMOR PAGE / SMMOVVIIIL PARE
Insurance Company :	01/
manance assuper 1	
Database of HWY (JV)	DOA: 06/06/2018 -> 16/06/2018
Addindum On	
Addingum Un	
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Signature of Vehicle Ow	
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