

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 liability.
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	29/12/2018 10:49
Date Of Accident	15/12/2018 14:00
Exact Location Of Accident	VIVA BUSINESS PARK DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2433X
Insured/Policyholder	
Name Of Registered Owner	MICHAEL GEORGE STERNE
NRIC No	S7987082Z
Email Address	MIKESTERNE@HOTMAIL.CO.UK
Mobile Phone No	(LOCAL) +65-93875578
Alternative Phone No	Others-93875578

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1800091528
Cover Note Number	

Driver

Name of Driver	MICHAEL GEORGE STERNE
NRIC No	S7987082Z
Date Of Birth	07/09/1979
Occupation	INDOOR
Date Of Driving Pass	28/10/2014
Driving Experience	4 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-93875578
Fax Number	
Contact Number	OTHERS-93875578
EEmail Address	MIKESTERNE@HOTMAIL.CO.UK
Address	21 FORT ROAD #05-03 SINGAPORE
Postcode	439089
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	4
Passenger 1	Name: : JEFFERNIE TAN STERNE Gender: : Female
Passenger 2	Name: : ELISE STERNE Gender: : Female
Passenger 3	Name: : ALYSSA STERNE Gender: : Female

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

BOTH CARS STATIONARY,I REVERSED AND ACCIDENTALLY MISCALCULATED AND HIT THE CAR BEHIND.

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	SMA3787J
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Vehicle Make/Model/Colour Details Of Properties	OPEL WHITE
Vehicle Category	PRIVATE CAR
Name of Driver	RANDHAWA AMRITA KAUR
NRIC/Passport Number	S8871683C
Contact Number	92329495
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION			
Date of Report:	29/12/2018		Time:
Date of Accident:	15/12/2018		Time: 1400.
Exact Location of Accident:	Viva Business Park Driveway.		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	SMD 2433 X		Name of Registered Owner: Michael George Sterne
NRIC/Passport No./FIN:	S7987082Z		Company Reg. No.(for Company Veh):
VEHICLE PARTICULARS			
Manufacturer:	MIT	Model:	outlander
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others		
Are You Claiming Under Your Own Insurance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Reporting Only <input type="checkbox"/> NO 3rd Party		
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire		
INSURANCE DETAILS			
Name of Insurance:	AIG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	1806091528.		
Driver when the Accident Happen			
Name of Driver:	Michael George Sterne		NRIC/Passport/Fin No: S7987082Z
Date of Birth:	07/09/1979		Occupation: Banking
Date of Driving Pass:	28/10/2014		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	98875578		Home No.:
Address:	21 Fort Road #05-03 Singapore		Postal Code 439089.
Email Address:	mikesterne@hotmail.co.uk		
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured owner.		
Vehicle Registration Number of driver's Own Vehicle:			
Insurance Company:			
OTHER INFORMATION OF THE ACCIDENT			
Type of Accident:	Insured reversing hit 3rd party		
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Which Police Station:	Number of Passengers(Including Driver): 4		
Was notice of Intended Prosecution given:	Was there any video captured by your Camera?: NO.		
	Was there any audio recording?: No		
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)			
Vehicle Registration Number:	SMA 3787J		Name of Registered Owner:
NRIC/Passport No./FIN:			Company Reg. No.(for Company Veh):
Name of Driver:	Randhawa Amrita Kaur		NRIC/Passport/Fin No: SR871683C
Mobile No.:	92329495		Home No.:
Address:			Postal Code
Email Address:			
Insurance Company:			
Details of Passenger if any			
Passenger Name:			
Contact Number:			
Gender			
Details of Injured Person			
Name:	Age:		
Address			
Injured Sustained:	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

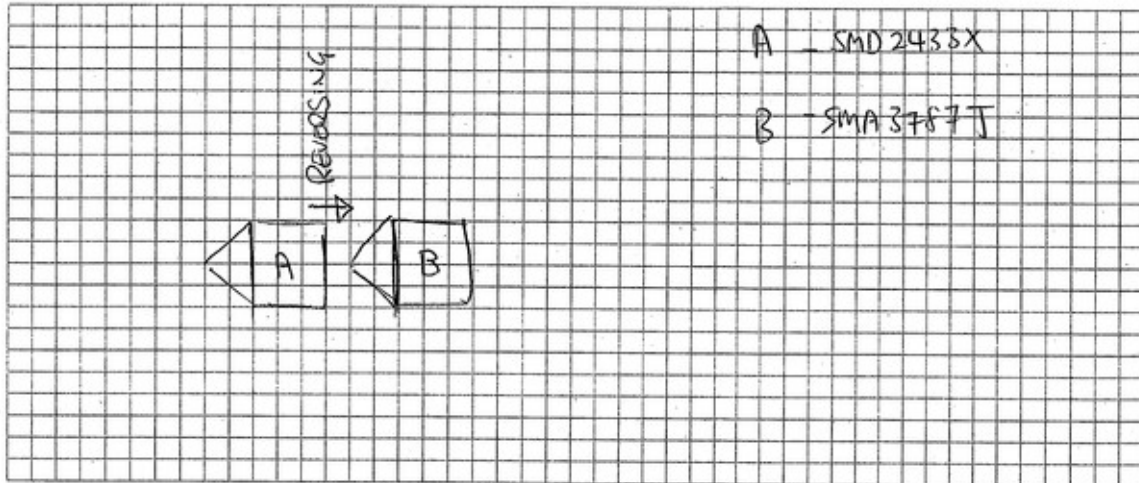
Date & Time: 10:15 am
29/12/2018

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


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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BOTH CARS STATIONARY, I REVERSED AND ACCIDENTALLY
MISCALCULATED AND HIT THE CAR BEHIND

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 29/2/2018 10:15am (If driver is not the policyholder)

Driver's Signature

Date & Time:

[Signature]

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

