

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	07/01/2019 17:42
Date Of Accident	05/01/2019 11:00
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY6711S
Insured/Policyholder	
Name Of Registered Owner	DAN BELKIN
NRIC No	S7388841G
Email Address	AI1719STER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92326295
Alternative Phone No	OTHERS-92326295
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	1800140586
Cover Note Number	
Driver	
Name of Driver	ANNA ITKIN
NRIC No	S7788981G
Date Of Birth	12/02/1977
Occupation	INDOOR
Date Of Driving Pass	02/12/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92326295
Fax Number	
Contact Number	OTHERS-92326295
EEmail Address	AI1719STER@GMAIL.COM

Address	20 WILBY ROAD #04-01
Postcode	276305
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 (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)	2
Passenger 1	NAME: : DAUGHTER 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

PLEASE REFER TO SKETCH PLAN

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	SME2636Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHUMING KWA
NRIC/Passport Number	S8535740I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

Vehicle No: _____
DOA: _____

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- 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
 - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (ii) 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) involved in this accident and the Insurers' 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.

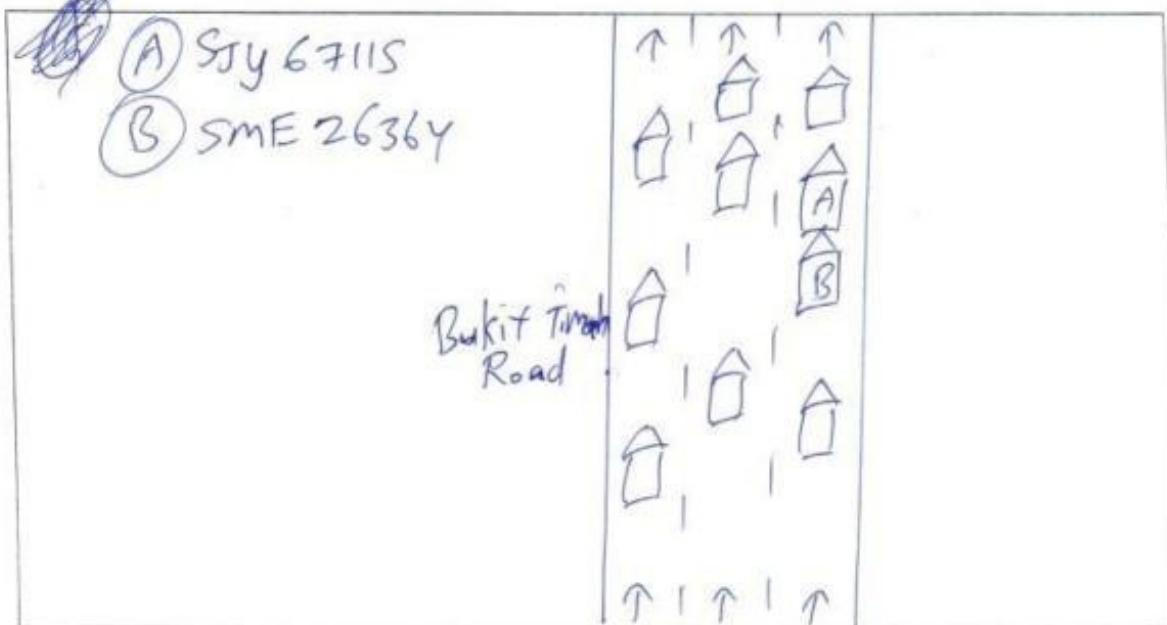
PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature
Date & Time

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

Witnessed by Reporting Center
Personnel

Sketch Plan



Accident Sketch Plan


Describe Circumstances of the Accident

I was travelling along Bukit Timah Road.
The traffic was relatively heavy.
The vehicle in front of me slowed down and came
to a complete stop. I followed suit.
However, the vehicle ③ behind me could not stop in
time and hit my car ④.
~~After~~ We alighted and exchanged particulars thereafter.

Declaration

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

Policyholder's Signature
Date & Time



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

 07/01/2019

Witnessed by Reporting Centre
Personnel

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7788981G**



Name
ANNA ITKIN

Race
CAUCASIAN

Date of birth
12-02-1977

Country/Place of birth
BELARUS

Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7788981G**

Name:
ANNA ITKIN

Birth Date: **12 Feb 1977**

Issue Date: **29 Aug 2016**



9411141



NRIC No. **S7788981G**



Nationality
ISRAELI

Date of issue
29-08-2016

20 WILBY ROAD #04-01
SINGAPORE 278305

NRIC No. **S7788981G** Expiry: **24/11/2017**

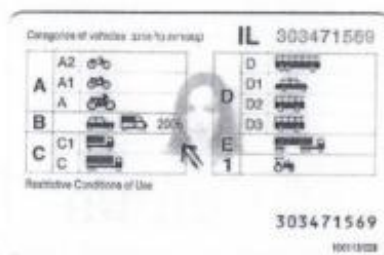
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	10 Sep 2013

NP 425A



I'NTL LICENCE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MN19419002926 Vehicle Registration No: SJY 6711 S
Name (as shown in NRIC) : ANNA ITKIM NRIC/FIN/Passport No : 5788981G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 92326295
Email Address : _____
Date of Accident : 08/01/2009 Time of Accident: 11:00
Place of Accident : Along B
Insurance Company: ALG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① THE IS 4 YEARS DAUGHTER IN THE CAR
- ② DATE OF REWARD LICENSE 2006 IN THE LICENSE

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: 08/01/2009
NRIC/FIN No.: 6041 110100
Date:

Addendum Sheet



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6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017731

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAIA 419002926-01 Vehicle Registration No: SJY 6711S
Name (as shown in NRIC) : ANNA JTKIN NRIC/FIN/Passport No : S7788981G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 92326295
Email Address : _____
Date of Accident : 05/01/2019 Time of Accident : 11:00
Place of Accident : ALONG BUKIT TIMAH ROAD
Insurance Company : ALG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

T/P NAME TO SHUMUK KUA

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.: 0810/2019
Date: