

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	14/01/2019 14:36
Date Of Accident	14/12/2018 09:30
Exact Location Of Accident	ALONG FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2065A
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	VAN.DAMME.FREDERIC@DENE-GROUP.COM
Mobile Phone No	(LOCAL) +65-82990457
Alternative Phone No	OFFICE-82990457

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA6 SEDAN 2.0 AT EXECUTIVE 2WD
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	VAN DAMME FREDERIC PAUL A
Passport No/FIN	G3130258M
Date Of Birth	14/08/1983
Occupation	INDOOR
Date Of Driving Pass	27/08/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82990457
Fax Number	
Contact Number	OTHERS-82990457
Email Address	VAN.DAMME.FREDERIC@DENE-GROUP.COM

Address	9 LEEDON HEIGHTS #25-27
Postcode	267954
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

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

Accident 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 Authorized 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

6. 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 insurers(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' law firms/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 making 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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

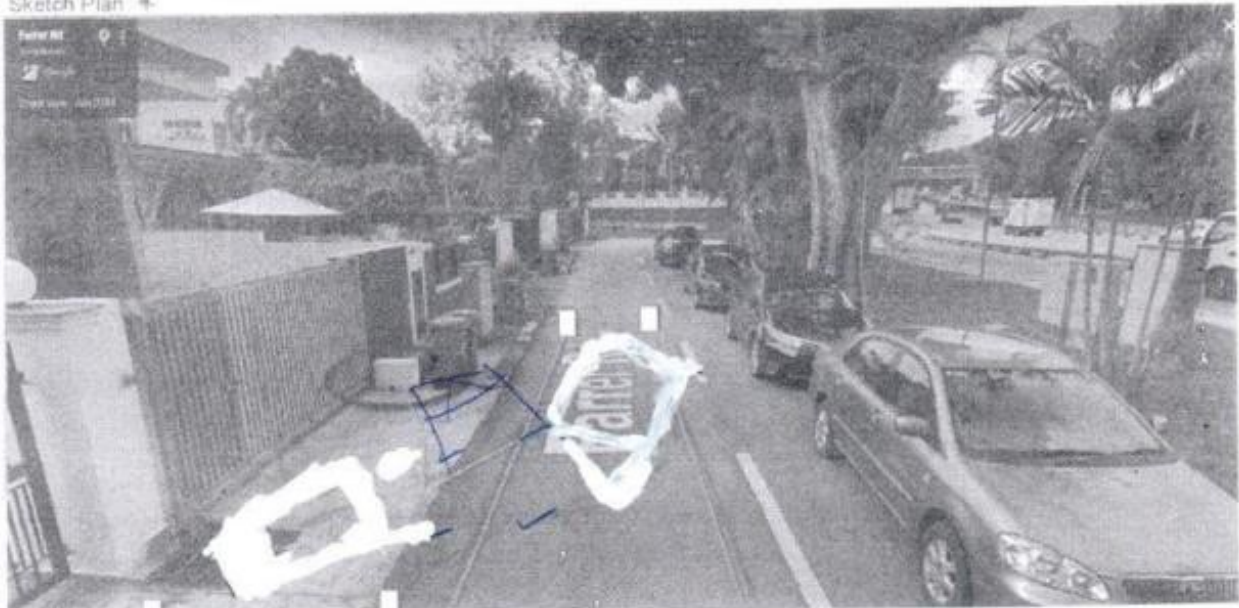


Policyholder's Signature (Date & Time)

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

Witnessed by Reporting Centre Personnel

Sketch Plan 4



Accident Sketch Plan

Describe Circumstance of the Accident *

The day the accident took place the street was quite congested due to a school party at the end of this dead-end street. After driving towards the end of the street, I reversed into the area on the left-hand side of the road, as I was trying to make space for a car leaving the event. This way I could let the car pass and consequently park in the parking space he had just left.

So after reversing the rear wheels of the car to the left-hand side of the road, as close I could to the fence, I brought the nose in while moving forward. As the bins were positioned a bit further than shown on the picture, I had the illusion I had the space, to do so. Sadly I had not seen the concrete block marked in red and bumped in to it while bringing the car's nose in while moving forward.

Declaration

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



Policyholder's Signature

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

11-Jan-2019
11:00 AM

Witnessed by Reporting Centre Personnel

ID

REPUBLIC OF SINGAPORE DRIVING LICENCE

Person's Name: **G3130258M**

Signature: **VAN DAMME FREDERIC PAUL A**

Birth Date: **14 Aug 1983**
Issue Date: **27 Aug 2015**
Valid Till: **26/08/2020**

002466544E

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **DREDGING INTERNATIONAL ASIA PACIFIC PTE LTD**

Name: **VAN DAMME FREDERIC PAUL A**
Occupation: **PROJECT ENGINEER**

FIN: **G3130258M** Date of Application: **13-01-2015**
Date of Issue: **16-01-2015**
Date of Expiry: **16-01-2017**

L5257793

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **27 Aug 2015**

NP438A



VISIT PASS
Immigration Regulations

Name: **VAN DAMME FREDERIC PAUL A**

Date of Birth: **14-08-1983** Sex: **M** Nationality: **BELGIAN**
FIN: **G3130258M** Date of Issue: **16-01-2015** Date of Expiry: **16-01-2017**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Accident Photo



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: S68350020 / 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 : M180419005972 Vehicle Registration No: SMD 2065A
Name (as shown in NRIC) : VAN DAMME FREDERIC POU A NRIC/FIN/Passport No : G31302J8n
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 82990457
Email Address : _____
Date of Accident : 14/12/2018 Time of Accident : 09:30
Place of Accident : BRANCH FORD ROAD
Insurance Company : AIK

(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:

DATE OF ACCIDENT SHOULD BE 14/12/2018

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Keshi Loo
NRIC/FIN No.: 14/01/2019
Date: