

## 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	18/01/2019 12:46
Date Of Accident	14/01/2019 13:10
Exact Location Of Accident	BASEMENT CARPARK DUET CONDOMINIUM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6172L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KILLIAN.MCDERMOTT@DYSON.COM
Mobile Phone No	(LOCAL) +65-82999044
Alternative Phone No	OFFICE-82999044

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	RETURNING TO WORK FROM HOME
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	YES
Policy Number	999994316
Cover Note Number	

### Driver

Name of Driver	MC DERMOTT KILLIAN WILLIAM
NRIC No	G3328205U
Date Of Birth	22/06/1967
Occupation	INDOOR
Date Of Driving Pass	07/11/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82999044
Fax Number	
Contact Number	OTHERS-82999044
Email Address	KILLIAN.MCDERMOTT@DYSON.COM



Address	78 HOLLAND ROAD #04-01 DUET
Postcode	258873
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	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)	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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX9652R
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
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)	



# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
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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 submission 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.

### 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 who have insured vehicle(s) involved in this accident (all Insurers) 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 insurances 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 claims 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 Insurers (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/are 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: [Signature] & Time: 16.1.19 13.32
 Witnessed by: [Signature] 18/01/2019

Driver's Signature (if driver is not the policyholder) / Date: \_\_\_\_\_

Sketch Plan: BASMENT CARPARK DUET CONDOMINIUM





## Accident Sketch Plan

Describe Circumstance of the Accident \*

I reversed from long parking place, in quiet basement. The light conditions were dark and gloomy and I lost sight of the other car in my mirrors (It is a black Audi). I made a very slow and gentle contact with the on the front of the other car around the number plate area. There was no obvious damage and I left my details. My car has witness marks on rear bumper and several of the bumper retention clips have popped.

The Audi owner was made initial contact. They are a fellow resident in quiet in no. 06-01. The only name so far I have is Albinah.

Declaration

(We declare the foregoing particulars are true in every respect)



Personnel's Signature

\* *Karl H*

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

16/1/19

13:32

Witnessed by Reporting Centre Personnel

*18/01/2019*



<https://med.scripps.com/staff/futurgenetiv/DIMCaj/p06zDAR/Low%20mid%20projector%20Amenesgrf%20v%202>

18/01/2019  
R.



Case Pictorial 2.jpg



See Pictures 3 (top)

18/01/2019



an  
18/10/2019



1/17/2019

EP\_DL.PNG

**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 50A)  
Republic of Singapore

Employer:  
DYSON OPERATIONS PTE. LTD.

Photo: MC DERMOTT KILLIAN WILLIAM  
ID: G3328205U

Barcode: K0814268

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

ID: G3328205U

MC DERMOTT KILLIAN WILLIAM

DOB: 22 Jun 1967  
Valid Date: 07 Nov 2017  
Valid Till: 06/11/2020

Barcode: 002741190E

**VISIT PASS**  
Immigration Regulations

Name: MC DERMOTT KILLIAN WILLIAM

FIN: G3328205U

Date of Birth: 22-06-1967 Sex: M

Nationality: IRISH

Download SGWavesPass App to check status

QR Code

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

Barcode

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, <= 1 driver of driver, and other motor vehicles with unladen weight <= 2500kg	07 Nov 2017

MP 426A

Barcode: Licence No: G3328205U



Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo





**Accident Photo**





Accident Photo





Accident Photo





