

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	22/01/2019 15:16
Date Of Accident	18/01/2019 10:50
Exact Location Of Accident	JUNCTION DUCHESS ROAD AND DUCHESS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9329L
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	FABIENNRJAUTARD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87992915
Alternative Phone No	OFFICE-87992915

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	BACK HOME FROM COFFEE SHOP
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	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	JAUTARD FABIEN PIERRE ANDRE
Passport No/FIN	G3159877Q
Date Of Birth	01/03/1970
Occupation	INDOOR
Date Of Driving Pass	13/05/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87992915
Fax Number	
Contact Number	OTHERS-87992915
Email Address	FABIENNRJAUTARD@GMAIL.COM

Address	150 DUCHESS AVENUE
Postcode	269171
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	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)	1

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?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT E/20190123/2046

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	GBA1200D
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAN CHEE WEE
NRIC/Passport Number	S6800778Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

2. This form must be submitted to the relevant insurer before the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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' law yers/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.

 Policyholder's Signature & Time	 Driver's Signature & Time	18/1/19  Witnessed by Reporting Centre Personnel	 22/01/2019 Witnessed by Reporting Centre Personnel
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Accident Sketch Plan

Describe Circumstance of the Accident *

We were driving slowly, following a lorry on Duchess Road.

The lorry turned on Duchess Avenue and stopped right before accelerating on the road.

We stopped but before we could react the lorry backed up.

We honked but it was too late.

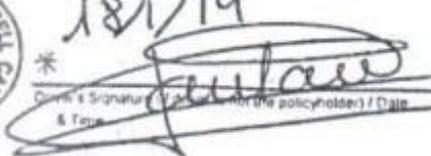
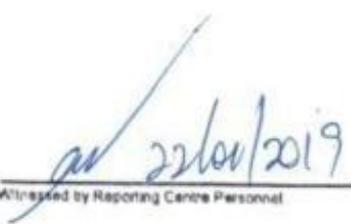
Right front corner of the car has been damaged.

POLICE REPORT E/2019/0123/2046

Declaration

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


Policyholder's Signature / 

18/1/19

Driver's Signature /  (with the policyholder) / Date

Witnessed by Reporting Centre Personnel

POLICE REPORT

1. This form is for use by the Police Force only. It is not to be used by any other person. It is not to be used for any other purpose. It is not to be used for any other purpose.

1/1



**SINGAPORE
POLICE FORCE**



Report No. 202101232048



6/1/2018

SRF 11/16/17/18

POLICE REPORT

https://www.google.com/maps/@1.306101,103.852004,15z/data=!3m1!1e3!3m2!1s1.306101,103.852004,15z

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SINGAPORE POLICE FORCE

Report No. **ED116123294**

POLICE REPORT (NP28) CONTINUATION OF REPORT

2 of 1

Both our vehicles then stopped at the road side before getting out of our vehicles to check a check. The driver then stated apologising and explained that he had taken a wrong turn, and wanted to reverse into the correct road. He also stated that he didn't see our car when he reversed. He also had a passenger in front of that time. We were not injured from the accident and no physical attended as we don't make a report. The driver also gave us his particulars and we agreed to settle it privately as it did not seem too major of an issue. I decided not to pursue the matter as the driver seemed genuinely sorry.

A claim was submitted on the right hand side of my car. My car is a Mazda 2, white colour. December 2015 Model.

I am lodging this report as my insurance company needs an official police report for the claim.

Particulars of the party above as follows:

Driver Name
 86801782
 22871188A
 ED116100

Signature Of Officer Receiving The Report
 P1 Sgt I GENEVIEVE HO TING EN

Signature Of Informant
 [Signature]

Signature Of Interpreter
 Not applicable

Date/Time
 23/01/2018 12:34

Officer in Charge Of Case
 E1 Tanjil Police District Investigative Group 1
 Insp. (AM) [Signature] DA
 Contact No. 6744941

Classification Of Case

Authorised Stamp
 [Stamp]

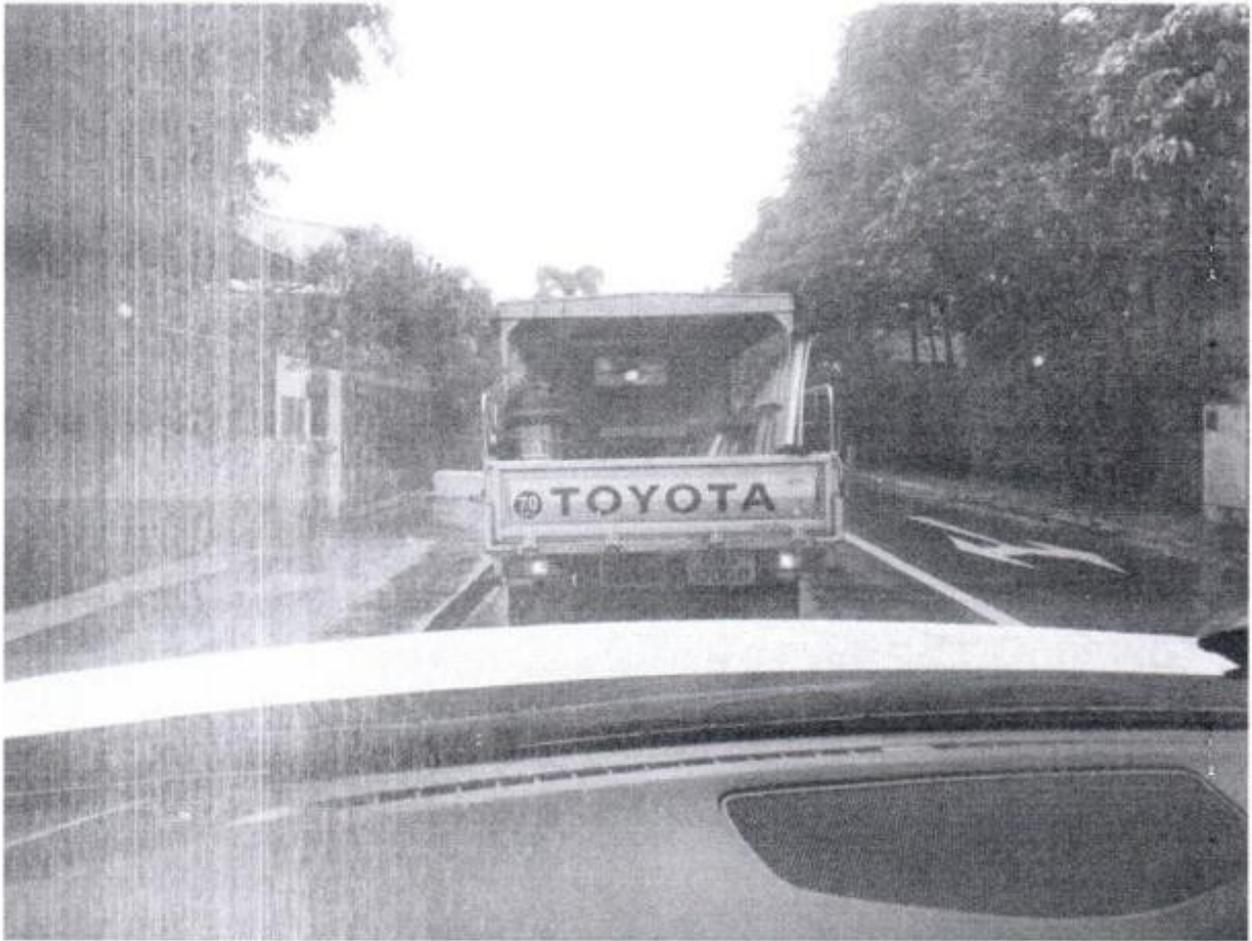
810052-1

810052-1

ACCIDENT SCENE

1/21/2019

file-122.jpeg



ACCIDENT SCENE

1/21/2019

License plate Toyota Dyna.JPG



ID



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

Employer
OBERTHUR TECHNOLOGIES SINGAPORE PTE. LTD.



Name
JAUTARD FABIEN PIERRE ANDRE
Occupation
SENIOR BUSINESS DIRECTOR

FIN **G3159877Q** Date of Application **28-03-2017**
Date of Issue **19-04-2017** **G3159877Q**
Date of Expiry **18-05-2019**



L7847080

VISIT PASS
Immigration Regulations

Name
JAUTARD FABIEN PIERRE ANDRE



Date of Birth **01-03-1970** Sex **M** Nationality **FRENCH**
FIN **G3159877Q** Date of Issue **19-04-2017** Date of Expiry **18-05-2019**

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.**



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G3159877Q**

Name: **JAUTARD FABIEN PIERRE ANDRE**

Birth Date: **01 Mar 1970**

Issue Date: **13 May 2016**

Valid Till **12/05/2021**



PHOTO-2019-01-23-14-0

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver and other motor vehicles with unladen weight \leq 2500kg

13 May 2016

NP 479A

1/23/2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

