

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	12/02/2019 10:47
Date Of Accident	25/01/2019 09:35
Exact Location Of Accident	32 OLD TOH TUCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM5633S
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	WILKINS@ASCC.NET.AV
Mobile Phone No	(LOCAL) +65-96619616
Alternative Phone No	OFFICE-96619616

Vehicle Particulars

Manufacturer	BMW
Model	320I
Exact Purpose for which vehicle was being used at time of accident	TO ATTEND BUSINESS MEETING
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	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	WILKINS LEANNE WENDY
NRIC No	G3804986R
Date Of Birth	24/09/1972
Occupation	INDOOR
Date Of Driving Pass	03/01/1989
Driving Experience	30 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96619616
Fax Number	
Contact Number	OTHERS-96619616
EEmail Address	WILKINS@ASCC.NET.AV

Address	188 KENG LEE ROAD #26-05 ROCHELLE@ NEWTON
Postcode	308414
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	SIDE SWIPE
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	FU54M
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LIM YAN HAN
NRIC/Passport Number	S9322741G
Contact Number	91274344
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

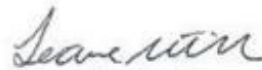
IMPORTANT NOTICE

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 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. The 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 lodging 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:

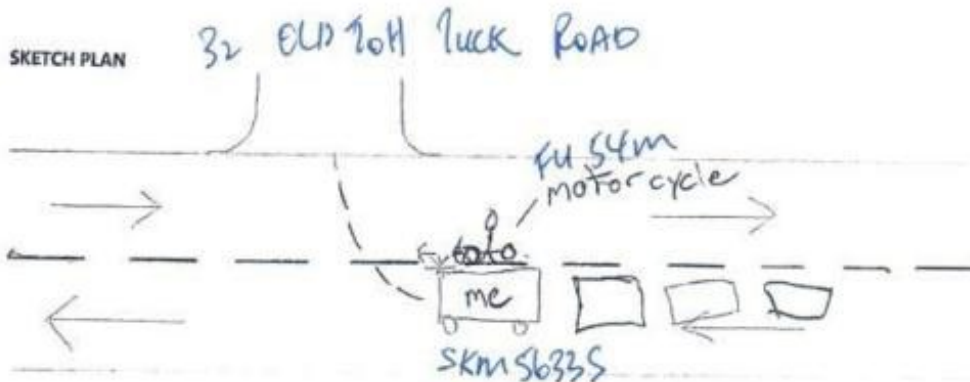
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/1/19
1:49pm


Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.: 8444003

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 9:41am on the 25/1/19 I was stationary with my right signal on and went to turn right into the drive way of 32 Old Tck Tuck Rd, Biz Centre Singapore 397658 for a business meeting.

As soon as oncoming traffic had gone past I slowly turned right and a BMW motorcycle came into oncoming lane to overtake and went past on my right and side swiped me.

He then moved over to the left and I manoeuvred over to left to stop and get details.

He is insured with Income Insurance.

Motorcyclist accepted responsibility for the incident.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/1/19
1:49pm

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

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

Employer
ASCC ENTERPRISES ASIA-PACIFIC PTE. LTD.

Name
WILKINS LEANNE WENDY
FIN
G38049885






K0846885

7 GYLES COURT
CORNUBIA 4130

View terms of use and update your information at
www.imi.qld.gov.au

Card number BE91 6338 6A

Driver Licence
WILKINS
LEANNE WENDY

LICENCE NO.
060 738 815

DOB 24 Oct 1972

Class	Type	Expires	Validity
C	O	03.01.19	16.01.21

Conditions



Signature: *Leanne Wilkins*

Queensland Government

VISIT PASS
Immigration Regulations

Name
WILKINS LEANNE WENDY

FIN
G38049885

Date of Birth
24-10-1972

Nationality
AUSTRALIAN

Sex
F

Download iGWRinkPass App to check status



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



Accident Photo



Accident Photo

