Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 13/02/2019 14:59

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/02/2019 14:43
Date Of Accident	31/01/2019 20:10
Exact Location Of Accident	NEWTON CIRCUS TURN LEFT TO SCOTTS ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA5570R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97315036
Alternative Phone No	Office-97315036
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	DM SANTA FE-2.4 L GDI ABS/AB SR 4WD 5DR (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING 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	NO
Policy Number	999994316
Cover Note Number	
Driver	
Name of Driver	DI SILVERIO ANNA
NRIC No	G3218097W
Date Of Birth	31/03/1963

INDOOR

14/10/2017

1 YEAR AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97315036

Fax Number

Contact Number OTHERS-97315036

EMail Address NOEMAIL

Address 1 ARDMORE PARK

#33-01

Postcode 259962

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

-

2

NO

NO

NO

1

NO

NO

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

ivolved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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 UNKNOWN

Vehicle Make/Model/Colour

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

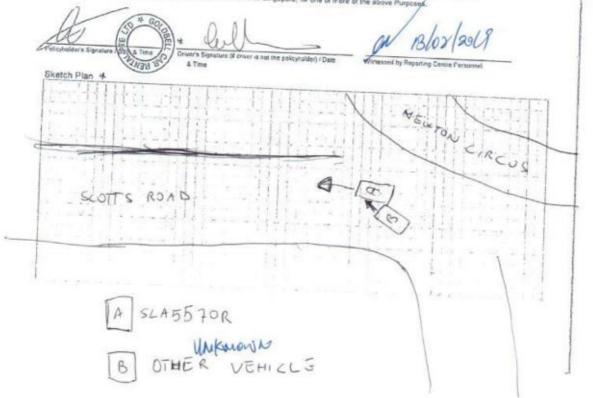
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Figure must be completed by the Policyholder and/or the Authorised Oriver.
- 3. Information provided must be as <u>fruitful and accurate as possible</u>. Any willul misrepresentation or withholding of material facts may allow
- 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.
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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 centra and to copies of the 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' law yors/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 ane/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any oriquiries 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/mell
- (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 provipers or agents (including their lawyers/lew firms), which may be sited outside of Singapore, for one or more of the above Purpos



Describe Circumstance of the Accident ¥ to take STOTTS The other reliable that was believed me and tuning right, but my can on the left ride. Declaration IANe declare the foregoing particulars are true in every respect.

13 lo 8/2019







YOU ARE LICENSED TO DRIVE YEHICLES IN THE FOLLOWING CLASSIES)

Class 2B Motorcycles >< 200 cs EFFECTIVE DATE
Class 3 Motor cars with uniquen weight << 3000kg with << 7 14 Oct 2017 passengers, exclusive of driver; and other motor vehicles with uniquen weight << 2500kg

NP 428A

Licence No:G3218097W



















