Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 12/03/2019 10:45

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 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.

ACCIDENT STATEMENT	
Date Of Report	21/02/2019 18:33
Date Of Accident	01/02/2019 10:30
Exact Location Of Accident	BASEMENT CARPARK OF 211 HOLLAND AVENUE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD5240P
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KEVIN.MANDS@NOV.COM
Mobile Phone No	(LOCAL) +65-97872154
Alternative Phone No	OFFICE-97872154
Vehicle Particulars	
Manufacturer	TOYOTA
Model	FORTUNER-2.7 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	JANE ANN DAVINA SCOTT MANDS
Passport No/FIN	G5461659M
Date Of Birth	27/01/1970
Occupation	INDOOR
Date Of Driving Pass	30/06/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97872154
Fax Number	
Contact Number	OTHERS-97872154
EMail Address	KEVIN.MANDS@NOV.COM

Address	44 KING'S DRIVE KINGSVILLE
Postcode	266411
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 AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 POLICE REPORT T/20190201/2143

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 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 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.
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 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 w ith 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 oring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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/who 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

22/02/2019

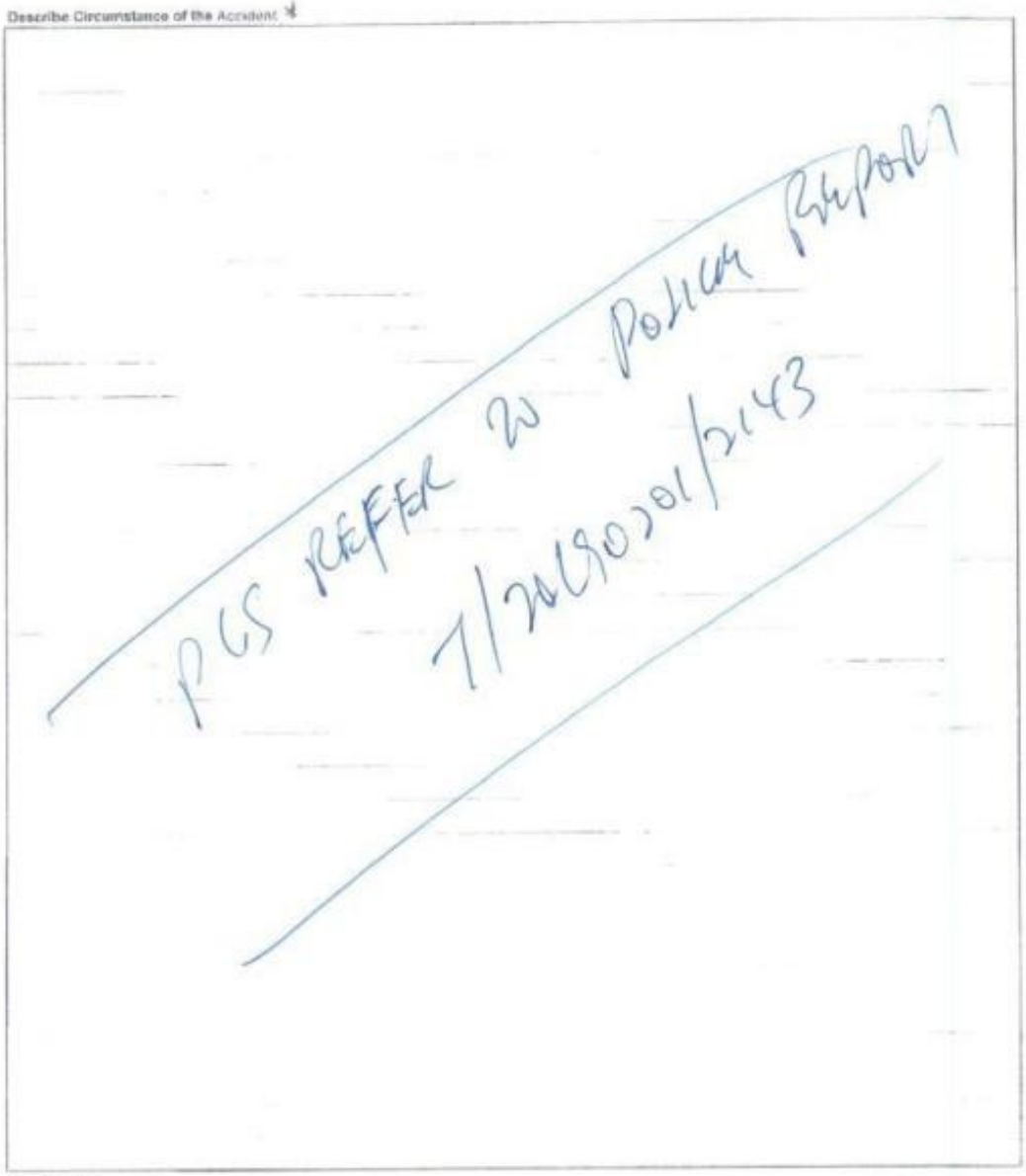
Witnessed by Reporting Centre Personnel

Sketch Plan : BASEMENT CARPARK AT 211 HOUGANG AVENUE 1

AJ SKD5260P

Accident Sketch Plan

Describe Circumstance of the Accident *



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

Witnessed by Reporting Centre Personnel 22/02/2024

POLICE REPORT

SINGAPORE POLICE FORCE

T/20190201/2143

Report No. T/20190201/2143

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
01/02/2019 17:25		71

Informant's Particulars

Name of Informant: MANDS KEVIN ALEXANDER DEREK			Address: 44 KING'S DRIVE KINGSVILLE SINGAPORE 266411	
ID Type / ID No.: FIN NO / G5461567T			Contact No.: Home/Office:	Mobile: 97872154
Nationality: BRITISH			Email:	
Sex: Male	Age: 47	Date of Birth: 22/05/1971	Type of Informant: Driver	
Race: Caucasian			Language:	Institution / School Name:
Occupation: GENERAL MANAGER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/02/2019 10:30	Type of Location: Car Park
Location: Along Road 1 HOLLAND AVENUE basement carpark of 211 Holland Ave (Holland Road shopping Centre)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD5240P	Car	TOYOTA	Fortuner	Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT

SINGAPORE POLICE FORCE

T/20190201/2143

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20190201/2143

CONTINUATION OF REPORT

Driver			
Name	MANDS KEVIN ALEXANDER DEREK	ID No.	G5461567T
Related Vehicle	SKD5240P (Car)	Contact No.	97872154
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/02/2019 at about 0930hrs, I parked my rented car (SKD5240P/ Toyota/ Black) at the basement carpark (Lot: 42) of Holland Road Shopping Centre (located at 211 Holland Ave).

Subsequently, I returned to my at about 1030hrs, together with my wife, and I drove off. I wish to state that we approached the car from the rear before entering it. As such, at that point of time we did not noticed any damages.

I reached home around 1035hrs, and parked my car in my private driveway of my unit and we both alighted and walked towards the rear of the car.

Later at about 1500hrs, when my wife went to check the mailbox, she walked past the car and noticed damages on the front left portion of the car. There is no note left on my windscreen.

The front left bumper was dislodged, dented and scratched, with some silver paint transfer on it.

I then returned to the said carpark to establish if there are any CCTV and the carpark owner (P Parking International Pte Ltd, Tel: 67494119). I had identified 3 CCTVs at the said carpark and was advised by the carpark owner to lodge a police report.

The car rental company is Goldbell Pte Ltd (Tel: 64768885).

SINGAPORE POLICE FORCE

T/20190201/2143

Report No. T/20190201/2143

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sr Staff Sgt JAMES GABRIEL RAYSON HUTCHISON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2019 17:25
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No: 65476079	Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

ID


UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND
P
GBR
761309617
MANDS
JANE ANN DAVINA SCOTT
BRITISH CITIZEN
27 JAN /JAN 70
F DUNDEE
27 AUG /AOUT 10
03 MAR /MARS 21
P<GBRMANDS<<JANE<ANN<DAVINA<SCOTT<<<<<<<<<<
761309617GBR7001279F2103031<<<<<<<<<<<<<<04

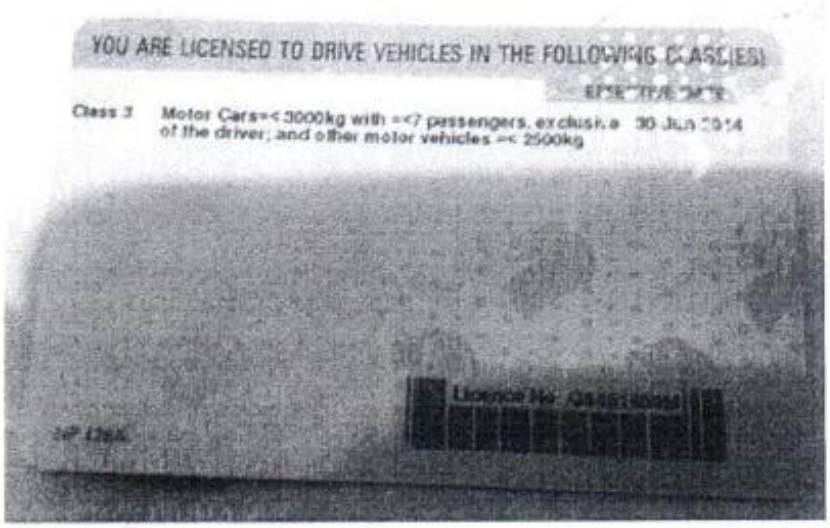
Diana Quek Lay Yian

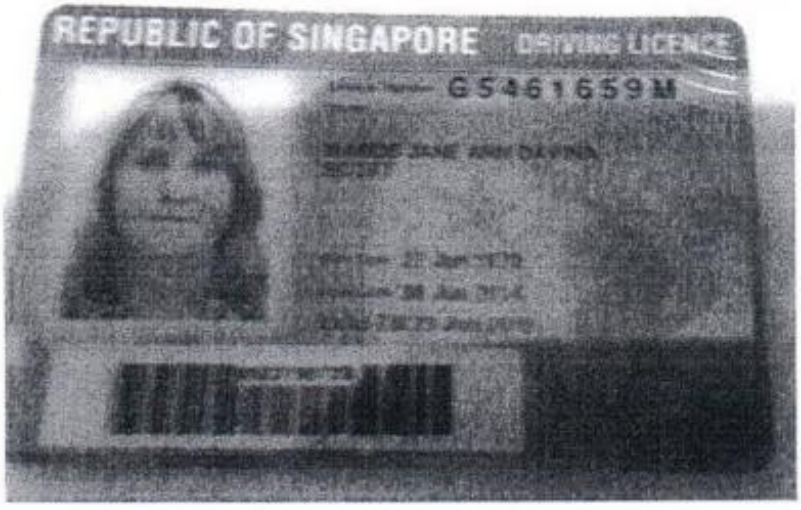
From: Lim, Joe <Joe.Lim@nov.com>
Sent: Monday, November 10, 2014 3:52 PM
To: Diana Quek Lay Yian
Subject: Additional Driver for SKD5240P

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Hi Diana,

Below Kevin Mand's spouse driving license, please add her to the authorized driver list.
Let me know once done.





1

Accident Photo

Accident Photo

Accident Photo

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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: S66SS0020G / GST Reg. No.: M4000177J

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 : MVA4(1902452S Vehicle Registration No: SKO 5240P

Name (as shown in NRIC) : JOSHUA ANN DARLINA SCOTT MORRIS NRIC/FIN/Passport No : G3546165 9M

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No.: 9787254

Email Address :

Date of Accident : 01/02/2019 Time of Accident : 10:30

Place of Accident : BOULEVARD CARPARK OF 211 HOUGANG AVE 4

Insurance Company : AIG

(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:

INSURANCE AND POLICE REPORT T/70190201/2143

Policyholder / Driver's Signature
Date:

12/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:
Date: