

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	04/03/2019 17:37
Date Of Accident	28/02/2019 15:45
Exact Location Of Accident	EXIT FROM BUKIT BATOK ROAD TO PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6653E
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	200710651D
Email Address	AMYMBHOWARD@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88694194
Alternative Phone No	OFFICE-88694194

Vehicle Particulars

Manufacturer	BMW
Model	X5 XDRIVE35I 7SEATER LED NAV
Exact Purpose for which vehicle was being used at time of accident	DRIVING CHILD HOME FROM SCHOOL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	HOWARDS AMY MAXINE
NRIC No	G3160181P
Date Of Birth	06/10/1963
Occupation	INDOOR
Date Of Driving Pass	29/07/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88694194
Fax Number	
Contact Number	OTHERS-88694194
Email Address	AMYMBHOWARD@HOTMAIL.COM

Address	329 RIVER VALLEY ROAD #25-02 YONG AN PARK
Postcode	238361
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?	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	GBF1696E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG DONGDONG
NRIC/Passport Number	G6249750K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Common Statement

SKETCH PLAN

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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 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:


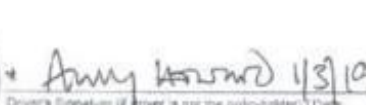

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

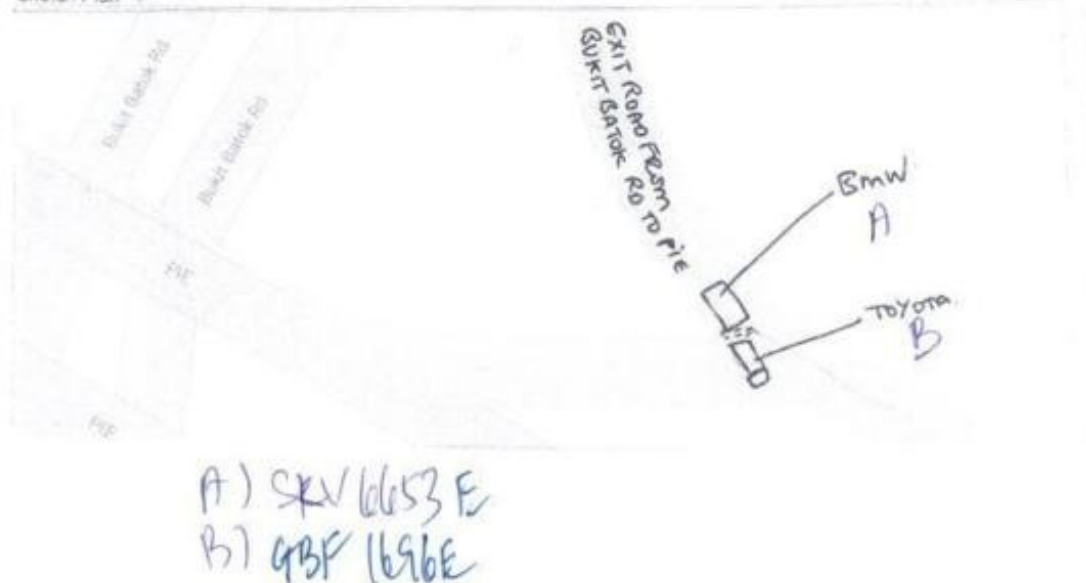
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can 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 & Time:
 Driver's Signature (if driver is not the policyholder) & Time:
 Checked by Reporting Centre & Time:

Sketch Plan




Accident Sketch Plan

Describe Circumstance of the Accident *

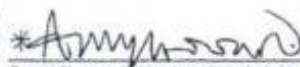
I WAS QUEUING AT THE JUNCTION TO JOIN THE SLIP ROAD TO THE PIE. AS THE TOYOTA IN FRONT OF ME CROSSED THE ROAD JUNCTION ONTO THE SLIP ROAD, I LOOKED RIGHT TO CHECK THE ONCOMING TRAFFIC FLOW. I STARTED TO ACCELERATE TO JOIN THE TRAFFIC FLOW BUT THE TOYOTA APPEARED TO HAVE STOPPED, OR WAS MOVING VERY SLOWLY ON THE SLIP ROAD AND I WAS UNABLE TO AVOID A COLLISION.

Declaration

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


Policyholder's Signature



* 1/31/19
Driver's Signature (if driver is not the policyholder) / Date

3:48pm


Witnessed by Reporting Centre Personnel

ACCIDENT SCENE

3/4/2019

IMG_9004.jpg



Law 04/03/2019

ACCIDENT SCENE

3/4/2019

IMG_9006.jpg



Car 10/03/2019

ACCIDENT SCENE

See video/notes



3/4/2019

IMG_0013.jpg

ACCIDENT SCENE

3/4/2019

IMG_9005.jpg



Ca/ 04/03/2019

REPUBLIC OF SINGAPORE

FIN G3160181P



Name

HOWARD AMY MAXINE

Date of Birth

06-10-1963

Sex

F

Nationality

BRITISH



3/4/2019

Amy updated DP back.jpg

FA1846546

DEPENDANT'S PASS
Immigration Regulations

FIN G3160181P

Date of Issue
22-06-2017Date of Expiry
09-07-2019

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

ID



[illegible]

ACCIDENT SCENE

3/4/2019

IMG_8990.jpg



04/03/2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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