

## 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 18:10
Date Of Accident	03/03/2019 11:20
Exact Location Of Accident	CANADIAN INT SCHOOL (LAKESIDE) DROP OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3440J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOLMES CHRISTOPHER ROBERT
NRIC No	S8087210J
Email Address	OLAMES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96751420
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	SUBARU
Model	XV-1.6 I-S AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / LEISURE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100488188-01
Cover Note Number	

### Driver

Name of Driver	HOLMES CHRISTOPHER ROBERT
NRIC No	S8087210J
Date Of Birth	14/03/1980
Occupation	INDOOR
Date Of Driving Pass	30/11/2007
Driving Experience	11 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96751420
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	OLAMES@GMAIL.COM
Address	12T LORNIE ROAD
Postcode	297729
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	Name: : JUSTINA WONG Gender: : Female
Passenger 2	Name: : VALERIE HOLMES Gender: : Female
Passenger 3	Name: : MELODY HOLMES Gender: : Female

#### 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 THE ATTACHED

#### Attachment(s)

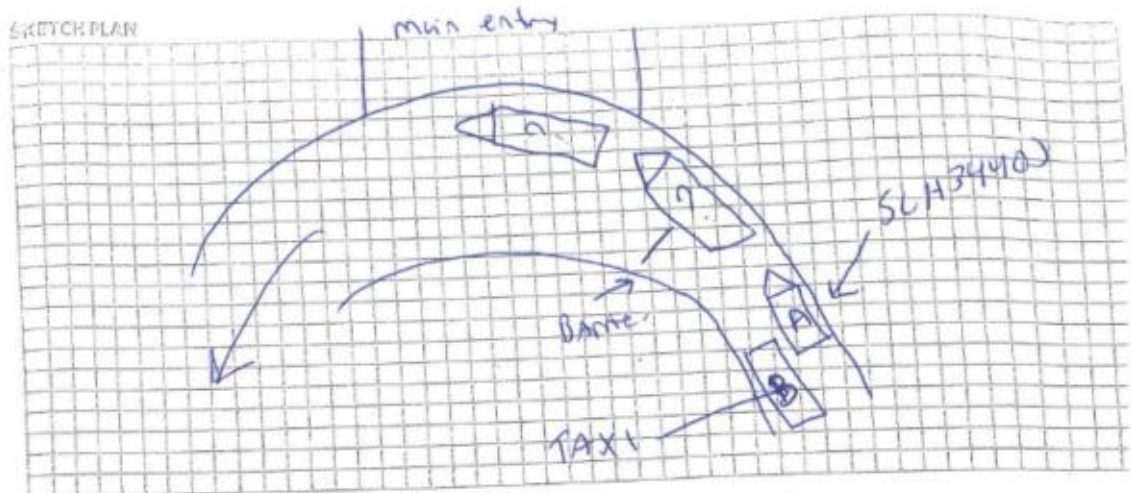
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CHECKING WITH BUILDING MANAGEMENT FOR FOOTAGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF1529J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my car was third in a queue of dropping families off at a designated drop off at Canadian into school. there was a barrier to the left allowing only one lane of traffic with my wife unloading a 2 year old from the car seat the taxi driver (paul) suddenly came and with his right side mirror, struck the rear left door narrowly avoiding my wife and child.

Paul admitted responsibility and received his details.

at time of the accident, my vehicle was stationary in park, the two cars ahead were also stationary.

VEH A: SLH 3440 J

VEH B: SHF 1529 J

## 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:

Reporting Centre Personnel's Signature  
Name: DANIEL JUDE  
NRIC/FIN No.: 590015780

GIARMC SketchPlanForm\_V3

## SKETCH PLAN

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7. By the lodgment 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 the 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/mailed 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 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:

  
Reporting Centre Personnel's Signature  
Name: DANIEL JUDE  
NRIC/FIN No.: S9 001580

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8087210J**

  
Name  
**HOLMES CHRISTOPHER ROBERT**

  
Race  
**CAUCASIAN**  
Date of birth  
**14-03-1980**  
Country/Place of birth  
**UNITED STATES**

Sex  
**M**

**S8087210J**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
**S8087210J**

  
Name  
**HOLMES CHRISTOPHER ROBERT**

Birth Date: **14 Mar 1980**  
Issue Date: **23 Feb 2016**

 **002540166F**

9384481

  
NRIC No. **S8087210J**


  
Nationality  
**AMERICAN**  
Date of issue  
**09-10-2015**

**12T LORNE ROAD  
SINGAPORE 297729**  
NRIC No: **S8087210J** Date: **14/11/2017**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 1B	MOTORCYCLES NOT EXCEEDING 300 CC	06 Apr 2010
Class 1A	MOTORCYCLES BETWEEN 301 CC AND 400 CC	06 Feb 2017
Class 1	MOTORCYCLES EXCEEDING 400 CC	30 Sep 2014
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	30 Nov 2007

**S / No 9000236341**

 Licence No: **S8087210J**

NP 428A

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



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**Accident Photo**





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