

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	18/03/2019 12:21
Date Of Accident	15/03/2019 16:00
Exact Location Of Accident	UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP8486L
Insured/Policyholder	
Name Of Registered Owner	APEX CAR LEASING
Co Reg No	53337283J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994582
Cover Note Number	

Driver

Name of Driver	BOLTON JOHN PATRICK
Passport No/FIN	PA5137647
Date Of Birth	08/12/1949
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2007
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83713028
Fax Number	(LOCAL) +65-96701732
Contact Number	
EEmail Address	NOEMAIL

Address	MING CHI BOLTON 133 TAMAN PERMATA
Postcode	575257
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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLA7888L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHA ZHAOHUA
NRIC/Passport Number	S7068661I
Contact Number	82007877
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	BOLTON JOHN PATRICK
------	---------------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGP8486L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

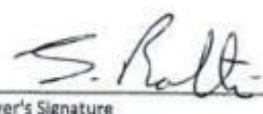
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

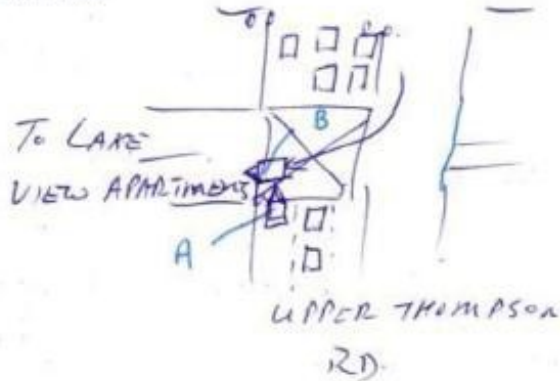

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Individual Statement

SKETCH PLAN



DOA : 15/3/19

A : SGP 8486 L

B : SLA 7888 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Approaching the traffic lights at Pelatona & Upper Thomson Rd which were red I was passing thru the yellow box at Lake View Apt turn off to stop behind a car stopped at the traffic light near the Shell service station. Car B turned in front of stopped traffic in lanes 2 & 3 & crossed in front of my travelling car B.

from the opposite lane of Upper Thomson Rd

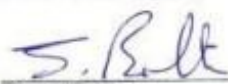
DECLARATION

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:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





DURAND

THE SECRETARY OF DEFENSE
WASHINGTON, D.C.

PAS137647

AUSPAC/SECDEF-STATE-01

(MIDWEST)

BOLTON

PAS137647

P AUS

PAS137647

BOLTON

JOHN PATRICK

AUSTRALIAN

08 DEC 1949

N

DAYLESFORD

09 MAR 2017

09 MAR 2027

AUSTRALIA

J. Bolton

P<AUSBOLTON<<JOHN<PATRICK<<<<<<<<<<<<<<<<

PAS1376474AUS4912088W2703095<45983785P<<<<02

Driving License

DRIVER'S LICENCE
NEW ZEALAND GOVERNMENT

Issued on 21 May 2007
Licence number 6207515

BOLTON
JOHN PATRICK
9 MARLBOROUGH ST
MOSMAN PARK WA 6612

EXPIRY DATE **20 May 2022** DATE OF BIRTH **8 Dec 1949**

CLASS
C

S. Bolton

08121949

ISSUED BY NEW ZEALAND GOVERNMENT 21 May 2007
C Motor vehicles up to 4.5t and equipped for up to 12 persons

12-49

WAS SUPPLIED WITH A VALID AND UNEXPIRED

EXPIRY DATE **20 May 2022** DATE OF BIRTH **8 Dec 1949**

08121949

AFTER OFFICIAL CHANGE OF ADDRESS LABEL 1499C

Change of Address must be notified in writing to GPC Box 61290, Porirua or online at www.transit.govt.nz

08121949