

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	16/05/2019 15:31
Date Of Accident	12/03/2019 08:00
Exact Location Of Accident	BUKIT TIMAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6462U
Insured/Policyholder	
Name Of Registered Owner	ANDREW MICHAEL CULLEN
NRIC No	G3360281U
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88098623
Alternative Phone No	Office-88098623

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	SCHOOL RUN
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700003297-02
Cover Note Number	

Driver

Name of Driver	CULLEN NATASHA EMMA
Passport No/FIN	G3362481L
Date Of Birth	23/03/1988
Occupation	INDOOR
Date Of Driving Pass	10/05/2018
Driving Experience	0 YEAR AND 10 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-88098623
Fax Number	
Contact Number	
E-Mail Address	THECULLENS23@GMAIL.COM
Address	167 JALAN KAMPONG CHATEK. SINGAPORE 587891
Postcode	587891
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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

WE WERE AT A U-TURN ON BUKIT TIMAH AND THE CAR PULLED OUT INTO ROAD BUT THEN PUT HIS BRAKES AND SUDDENLY BECAUSE HE PULLED OUT I LOOKED LEFT AND DROVE IN AT VERY LOW SPEED INTO HIS REAR.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD9220J
Vehicle Make/Model/Colour	XLV WHITE SSANGYANG
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KIM JONGCHEOL
NRIC/Passport Number	G5160616M

Contact Number
Address

Postcode

Insurance Company Name

Nature Of Damage

MINOR / POSSIBLE SMALL DENT IN BACK

No. Of Passenger (Including Driver)


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.


16.5.2019
15.02
Policyholder's Signature / Date & Time


15.02
16/5/2019
Driver's Signature (If driver is not the policyholder) / Date & Time


16/5/19
15.20pm
Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT

MOTOR ACCIDENT REPAIR BASIC INFORMATION	
Date of accident	12/3/2019
Time of accident (24hr format)	08:00
Exact Location of accident	Bukit Timah

OWN VEHICLE DETAILS	
Vehicle Registration Number	SLN 6462U
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company ANDREW MICHAEL CULLEN
ID Of Registered Owner	<input type="checkbox"/> Co Reg No <input type="checkbox"/> NRIC No <input checked="" type="checkbox"/> Passport No / Fin G33602814

VEHICLE PARTICULARS (OWN VEHICLE)	
Manufacturer	mitsubishi
Model	OUTLANDER
Exact purpose for which vehicle was being used at the time of accident	own school run
Are you claiming under your own Ins. Policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle category	<input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Comm Veh / Goods Veh / Motor Trade / Government

INSURANCE COMPANY (OWN VEHICLE)	
Insurance company	AIG
Type of coverage	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party / Third Party Fire and or theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number or Cover Note Number	1700003297-02

DRIVER PARTICULARS (OWN VEHICLE)	
Name Of Driver	NATASHA CULLEN
ID Of Driver	<input type="checkbox"/> Co Reg No <input checked="" type="checkbox"/> NRIC No <input type="checkbox"/> Passport No / Fin G3362481L
Date Of Birth	22/3/1988
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Driving Pass Date	1/1
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No	88098623
Office / Home / Others Numbers	
Home Address	167 Jalan Kampoy Chantek
Email Address	thecullens23@gmail.com
Does the Driver Own Any Other Vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If YES, Pls Indicate Driver's Car Veh. No. & Insurance Co.	
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.. Reason :

OWNER/ DRIVER SIGNATURE : Dallen

GENERAL INFORMATION OF THE ACCIDENT	
TYPE OF ACCIDENT	
Weather Condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others please state the condition
Road Surface	<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Other If Others please state the condition
OTHER INFORMATION	
Was anyone injured in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was there any video captured by car camera?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any others vehicle or property damaged? (Including 3rd party / Witness)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was the accident reported to the police?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Name of the police station	
Was notice of intended Procecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Circumstances Of Accident	
Refer attachment	

THIRD PARTY VEHICLE DETAIL			
DETAIL OF OTHER VEHICLE / PROPERTY			
Vehicle Registration No.	SLD92203		
Vehicle Make/Model/Colour	XLV white ssangYong		
Detail of properties			
Name Of Driver	Kim Jongcheol		
Driver's NRIC	<input type="checkbox"/> Co Reg No <input type="checkbox"/> NRIC No <input checked="" type="checkbox"/> Passport No /Fin GS160616M		
Contact Number			
Name of Insurance Company			
Nature Of Damage	minimal? possible small dent in back		
Detail of Witness - Name			
Detail of Witness - Phone			
Detail of Witness - Email			
Damages to other vehicles & property (Other than Vehicles A & B)	Vehicle Regn No or details of property	Names Of The Driver	Phone or Handphone Number

DETAIL OF INJURED PERSON	
Name	
Injury sustained	
Injured person is on which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Describe Circumstances of the Accident

We were at a U-turn on Bukit Timah and the car pulled out into road but then put his brakes on suddenly - because he had pulled out I looked left and drove in (at very low speed) into his rear

Declaration

We declare the foregoing particulars are true in every respect.

A. Cullen
Policyholder's Signature / Date & Time

K. Cullen 16.5.19
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 16/5/19
Witnessed by Reporting Centre Personnel
1505pm