

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	02/04/2019 15:54
Date Of Accident	22/03/2019 17:50
Exact Location Of Accident	NEAR TAN KAH KEE BUS STATION ON DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF7124U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ANCEL64@YAHOO.FR
Mobile Phone No	(LOCAL) +65-91797072
Alternative Phone No	OFFICE-91797072

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	RETURN HOME WITH CHILDREN
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	ANCEL STEPHANIE CAROLINE MARINE
Passport No/FIN	G3496902M
Date Of Birth	01/11/1976
Occupation	INDOOR
Date Of Driving Pass	04/05/1995
Driving Experience	23 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91797072
Fax Number	
Contact Number	OTHERS-91797072
EEmail Address	ANCEL64@YAHOO.FR

Address	51 SHELFORD ROAD
Postcode	288447
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?	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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : DAUGHTER 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 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	SB1766E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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

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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

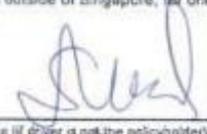
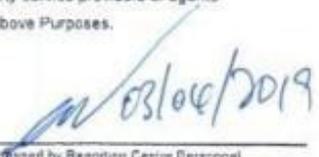
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

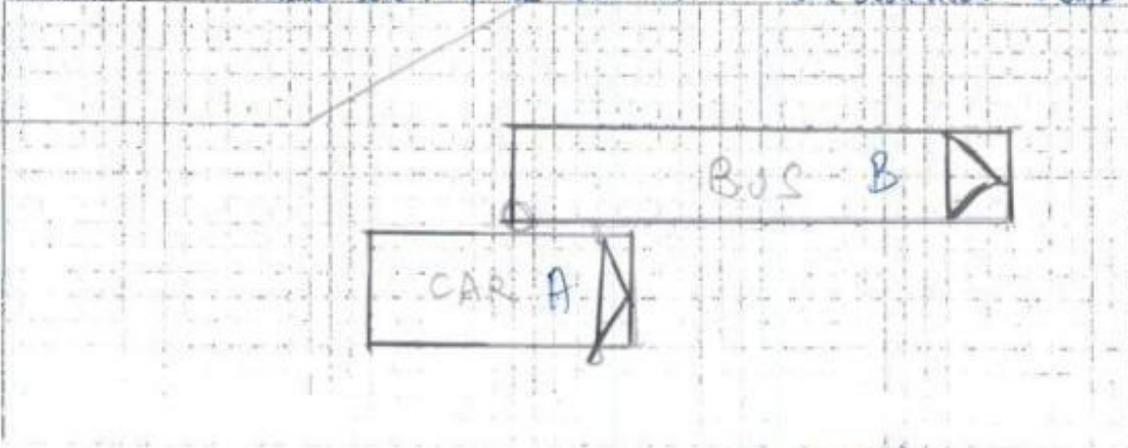
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Sketch Plan →

NEAR ZOU KAH KEE BUS STATION ON DUNKERN ROAD



B) SG 1766E
 A) SMF 2124U

Accident Sketch Plan

Describe Circumstance of the Accident *

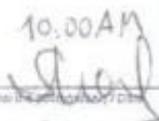
As I was driving past a bus,
the left mirror of my vehicle
hit the right back corner of it
I was in my lane and didn't
see it coming.

Declaration

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


Police Officer's Signature



* 26/03/19 10:00AM

Driver's Signature (if driver is not the reporting officer) & Time


Witness by Reporting Officer/Personnel

Accident Photo



CAR RENTAL
SGS Leasing (Singapore) Pte Ltd
100 Robinson Road, Singapore 068902

7500 0274 8811

SERVICE BREAKDOWN FORM
REGISTRATION

DATE: 21/12/2014

ATTENTION DATE: 21/12/2014 ATTENTION TIME: 09:30

NUMBER OF WORKERS: THE BUS SPECIALIZED OTHER

OTHER: Right side mirror

REPAIR/REPLACEMENT: SR 240000 repair

VEHICLE NO (REG): SGB 7122P REGISTERED OWNER: [unclear]

WEIGHT: 3071

EXPIRES DATE: 1/1/2015 CONTACT NUMBER: 9179 2699

ISSUE TIME: 11:30am COMPLETED TIME: 12:00pm

ALTER PARTS: Right side mirror

VEHICLE REGISTRATION NO: [unclear] BODY NUMBER: [unclear]

IS THIS TRUCK? YES NO

DATE BY: [unclear] [unclear]



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

