

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	03/04/2019 12:32
Date Of Accident	15/03/2019 16:00
Exact Location Of Accident	SINGAPORE AMERICAN HIGH SCHOOL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC1807A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	CYNTHIAOSPEAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91796974
Alternative Phone No	OFFICE-91796974

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	TO PICK UP CHILDREN FROM SCHOOL
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	999994316
Cover Note Number	

Driver

Name of Driver	SPEAR CYNTHIA OSMER
Passport No/FIN	G5299566W
Date Of Birth	03/09/1975
Occupation	INDOOR
Date Of Driving Pass	04/06/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91796974
Fax Number	
Contact Number	OTHERS-91796974
Email Address	CYNTHIAOSPEAR@GMAIL.COM

Address	55 COVE DRIVE #06-11
Postcode	098395
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	COLLIDED INTO PARKED VEHICLE
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)	3
Passenger 1	NAME: : CADEN SPEAR GENDER: : MALE
Passenger 2	NAME: : CAUSTEN SPEAR 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	SKR1403P
Vehicle Make/Model/Colour	JAGUAR XJ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIDHARTH BHASIN
NRIC/Passport Number	G3112019T
Contact Number	83389667
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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 insurers) 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 enquires 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 based outside of Singapore, for one or more of the above Purposes.

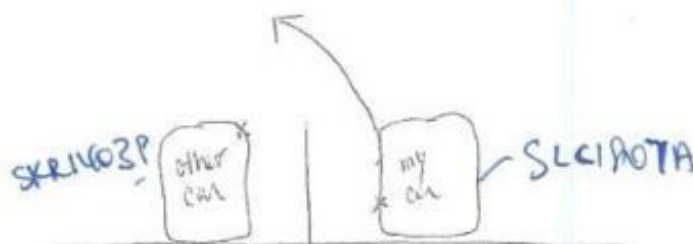




Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan *

Spoke American that Sutoro Chetpote



X marks spot where cars contacted each other

Describe Circumstance of the Accident *

We were in the Singapore American School Car park. My two children got into the car. I pulled out of the parking space and did not give enough clearance to the car next to me when exiting. We heard a slight noise on the passenger's side back door near the back tire. I immediately stopped and got out to see I had scraped the bumper (front bumper) of the car next to me. There was minimal damage but I wrote a note to the car owner. The car owner contacted me on Friday afternoon (that afternoon) and said they would get a repair estimate on March 20th or 21st. The estimate was received via text on April 1, 2019. I asked for all details (vehicle number etc). I was told the damage was \$750 + GST for the bumper but also \$42 + GST for a small crack in the headlight. I've requested a quote from the mechanic.

Declaration

I/we declare the foregoing particulars are true in every respect



Driver's Signature (if driver is not the policyholder)



Driver's Signature (if driver is not the policyholder) Date



Witnessed by Reporting Centre Person(s)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

4/2/2019

image_5283441.JPG



Identification Card

4/2/2019

image_6483441.JPG

GA0017410 15-05-2018

DEPENDANT'S PASS

Immigration Regulations

Download SGWorkPass App to check status



FIN G5299566W



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

Driving License

4/2/2019

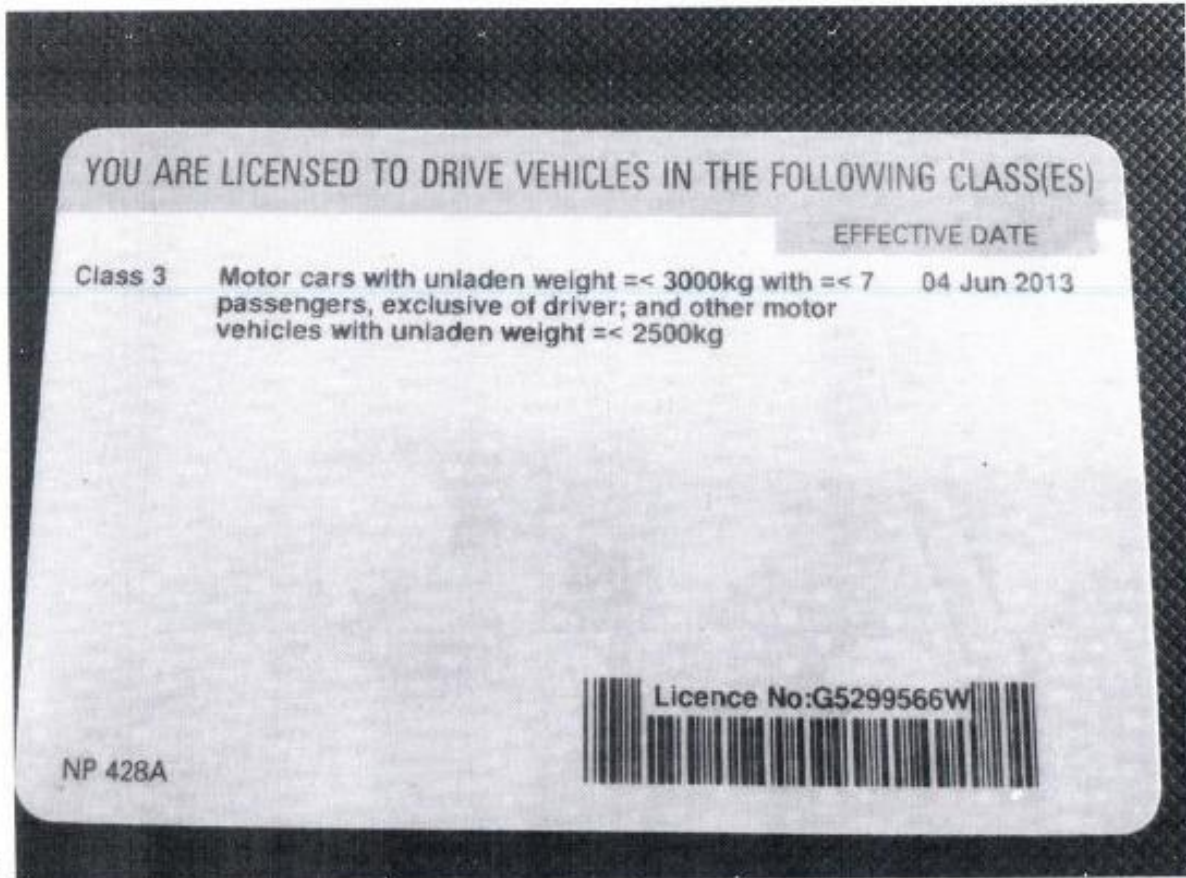
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<https://mail.google.com/mail/u/0/#inbox/FM6gwwBwTGNZKjxTqVtpwLSkwwZhpst?projector=1>

1/2

Driving License



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048560
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No: M450017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA 469043219 Vehicle Registration No: SLC 1807A
Name (as shown in NRIC): SPRUE CYNTHIA DENNIS NRIC/FIN/Passport No: G5299566W
(☒ Vehicle Driver / ☐ Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91296974
Email Address: _____
Date of Accident: 15/03/2019 Time of Accident: 16:00
Place of Accident: Stoke American High School
Insurance Company: AIG

(B) ADDITIONAL INFORMATION AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT TO 15/03/2019

Policyholder / Driver's Signature
Date:

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