

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	07/05/2019 12:11
Date Of Accident	05/05/2019 17:00
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8364Y
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92414201
Alternative Phone No	OFFICE-92414201

Vehicle Particulars

Manufacturer	AUDI
Model	A8L
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	VAN ZONNEVELD SYLVIA
Passport No/FIN	G3471922K
Date Of Birth	27/08/1969
Occupation	INDOOR
Date Of Driving Pass	04/08/1988
Driving Experience	30 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92414201
Fax Number	
Contact Number	OTHERS-92414201
Email Address	NOEMAIL

Address	3 MOUNT PLESENT DRIVE
Postcode	298381
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	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

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	SMH6916Y
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WEI CHUEN
NRIC/Passport Number	S8460530A
Contact Number	96822619
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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 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 purposes 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.:

GIA-VIS-SKETCHPLAN-V2

6/5/2019

3.30 pm

Accident Sketch Plan

SKETCH PLAN

Along Upper Serrano Road



A) SLK 8864Y

B) SMH 6916Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped slowly to yield to bus who was standing still at bus stop and gave light to merge into traffic. I stopped before the yellow line with yellow cross. The car behind us apparently saw too late that I stopped and bumped into us from behind.

It happened at exit 15 from PIE
Upper Serrano 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

FRUITING No.

6/5/2019
3.30 pm

07/05/2019
Rafael Martinez

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
FIN G3471922K



Name
VAN ZONNEVELD SYLVIA



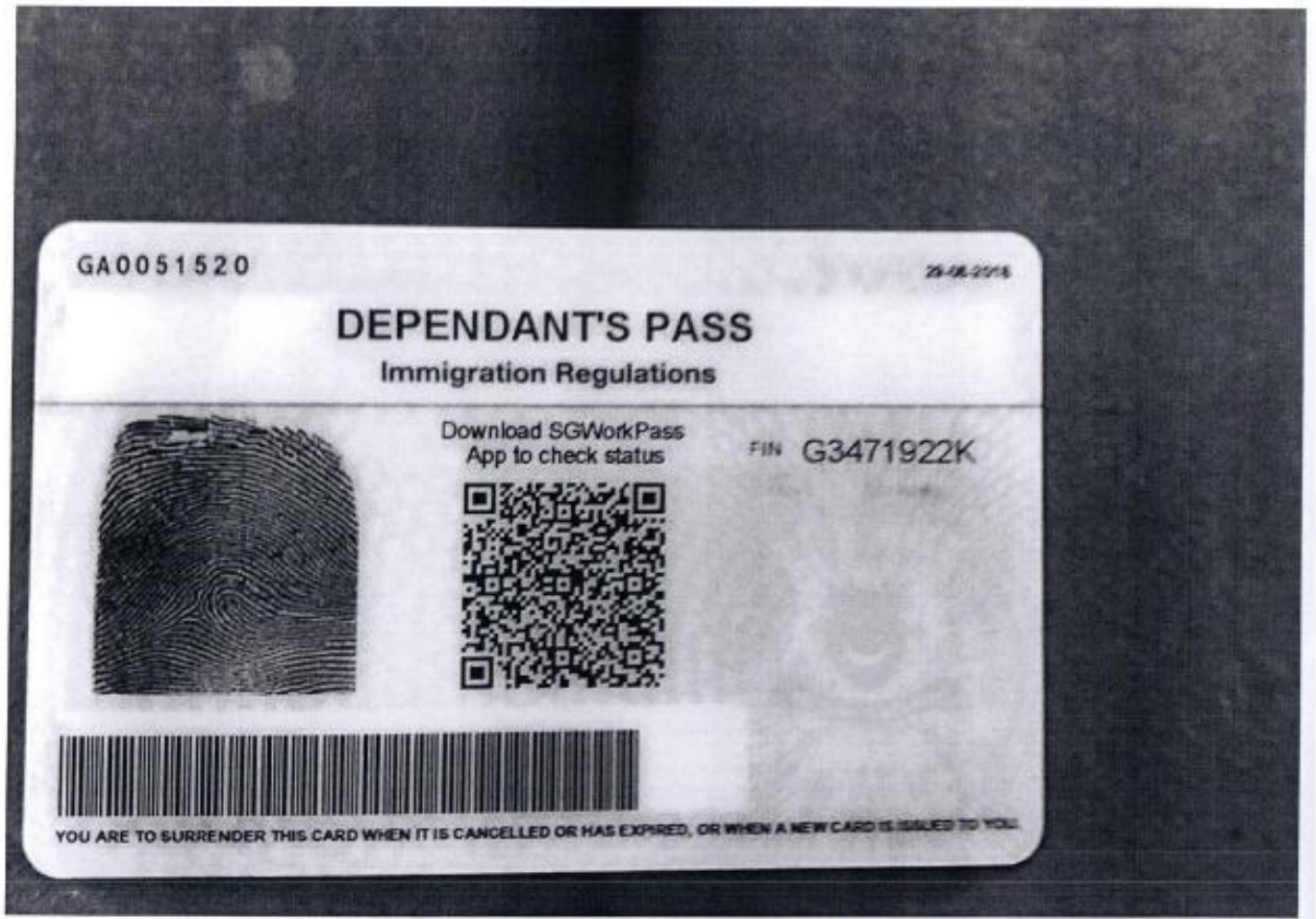
Date of Birth
27-08-1969

Sex
F

Nationality
NETHERLANDS



Identification Card



Driving License

Model van de Europese Unie

NL

RIJBEWIJS

DRIVING LICENCE
PERMIS DE CONDUIRE
FUHRERSCHEIN

NL69

1 van Zonneveld e/v van den Brink

2 Sylvia

3 27.08.1969 Middelburg

4a 25.06.2018 4b 25.06.2028 NL69

4c RDW

5 5153700734

9 AM-B
T

1969

D1NLD251537007344Z3Z5RR4DW9P50

Opvallend: Het ontwerp ontziet van wijzigingen maakt dit bewijs ongedig
© Staat der Nederlanden. Alleenrecht voorbehouden. Modelnummer 3B0151A (2015-02)

Driving License

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BSN

176356459/
5153700734

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	9	10	11	12
AM	01.07.08	25.06.28	-	
A1	-	-	-	
A2	-	-	-	
A	-	-	-	
B1	-	-	-	
B	≤04.08.88	25.06.28	-	
C1	-	-	-	
C	-	-	-	
D1	-	-	-	
D	-	-	-	
BE	-	-	-	
C1E	-	-	-	
CE	-	-	-	
D1E	-	-	-	
DE	-	-	-	
T	≤01.07.15	25.06.28	-	

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