#### 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 witholding 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	14/06/2019 17:39		
Date Of Accident	13/06/2019 10:00		
Exact Location Of Accident	OPEN CARPARK AT BLOCK 427 FAJAR ROAD		
Country/State of Loss	SINGAPORE		
D	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLS6497T		
Insured/Policyholder			
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD		
Co Reg No	_		
Email Address	ANDRYSANI@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-97994809		
Alternative Phone No	OFFICE-97994809		
Vehicle Particulars			
Manufacturer	HONDA		
Model	FREED HYBRID		
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	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	999994528		
Cover Note Number			
Driver			

ANDRY ERFANTO BIN KAMSANI Name of Driver

NRIC No S7243126Z Date Of Birth 22/11/1972 Occupation **OUTDOOR Date Of Driving Pass** 28/10/2008

**Driving Experience** 10 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97994809

Fax Number

**Contact Number** OTHERS-97994809

**EMail Address** ANDRYSANI@GMAIL.COM

**BLK 436 FAJAR ROAD** Address

#06-398

Postcode 670436

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** 

COLLIDED INTO PARKED VEHICLE Type Of Accident

2

NO

NO

1

NO

Weather Conditions **DRIZZLING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

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)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLT8612J **NISSAN XTRAIL** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

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:
  - 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:
  - 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)

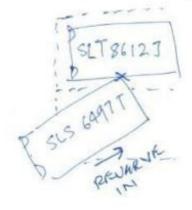
Date & Time

0:00 m

NRIC/FIN No.:

#### **Accident Sketch Plan**

SKETCHPLAN OFWU CARPORIC BLK 427 FAJOR ROAD



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

0	n 13 Jun 2019, ab	out 10 am	1 reversed	into a campa
hor	of Ble 427 Fai	c vehicle	SLT 8612	J. I wait
à	reasonable amo	unt of t	me before	leaving
a	note with my	contact	number a	end left.
- 1	I have not ver	ceived o	ny call #	+ since.
B	ecause hoping	to do a	private	settlement
	, 0			

DECLARATION

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

Policyholder Sebsture

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14 / 6 / 2019

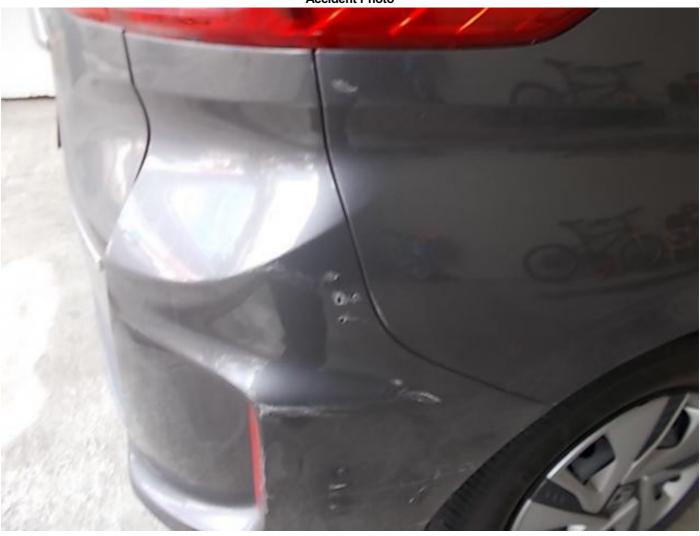
10 am

NRIC/FIN No.:



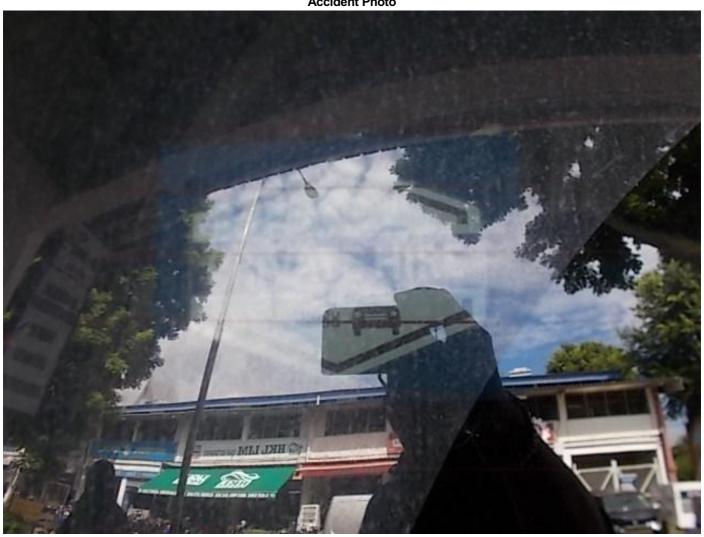


















#### **Identification Card**







