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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	17/06/2019 17:16
Date Of Accident	15/06/2019 13:55
Exact Location Of Accident	ALONG WOODLANDS DRIVE 44 OPPOSITE VISTA POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU6029A
Insured/Policyholder	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	STARMAG_SHIPS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93499193
Alternative Phone No	OFFICE-93499193
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	999994436/100833720-00000
Cover Note Number	
Driver	

Name of Driver MOHAMAD BIN ABDUL GHANI

NRIC No S1645189D Date Of Birth 21/09/1964 Occupation **OUTDOOR Date Of Driving Pass** 02/04/1986

Driving Experience 33 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93499193

Fax Number

OTHERS-93499193 Contact Number

EMail Address STARMAG SHIPS@YAHOO.COM Address BLK 704 WOODLANDS DRIVE 40

#08-14

Postcode 730704

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

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

NO YES

Was any other material or property damaged?

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

NO

1

Number of Passengers (Including Driver)

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 SKK5391A

Vehicle Make/Model/Colour HONDA ODESSEY

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MARLINA BINTE KASNAN

NRIC/Passport Number S6844302D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

Passenger 1 NAME: :

GENDER: :

Passenger 2 NAME: :

GENDER: :

Passenger 3 NAME: :

GENDER: :

Sketch Plan

SKETCH PLAN

Veh A: 310 6029 A Veh B: 3kk 5391 A

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 interested parties.
- 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 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.

" I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBBIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

DANDELION ED PTE LTD ROC: 201314301M

Policyholder's Signature Date & Time: Driver's Signature

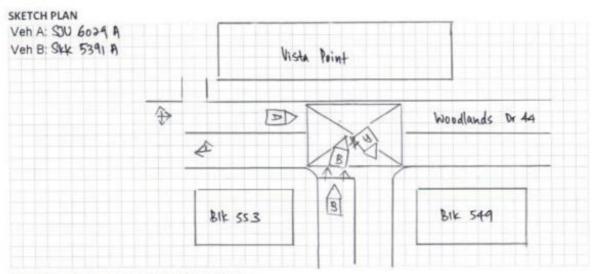
(If driver is not the policyholder)
Date & Time: 17 - 06 - 20/9

1050 Hes

Proporting Centre Page

NRIC/FIN No.

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

17 WAS A FINE DAY. I WAS TRAVELLING ALONG
WOODLAND DRIVE 44 HEADING TOWARDS BLK 550. I HOP
ELGUANCES TO MAKE A RIGHT TURN INFO THE CARP ARK - THERE WAS
NO STYLE VEHICUE ON THE OPPOSITE DIRECTION.
I SAW VEY B STATIONARY AND INTENDED TO TORRN RIGHT.
WHEN I TURNEY INTO THE CARPARK, SUDDENLY VEY B STARTED
To move AND 419 MY VEHICLE.

DECLARATION

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

DANDELION ED PTE LTD ROC: 201314301M

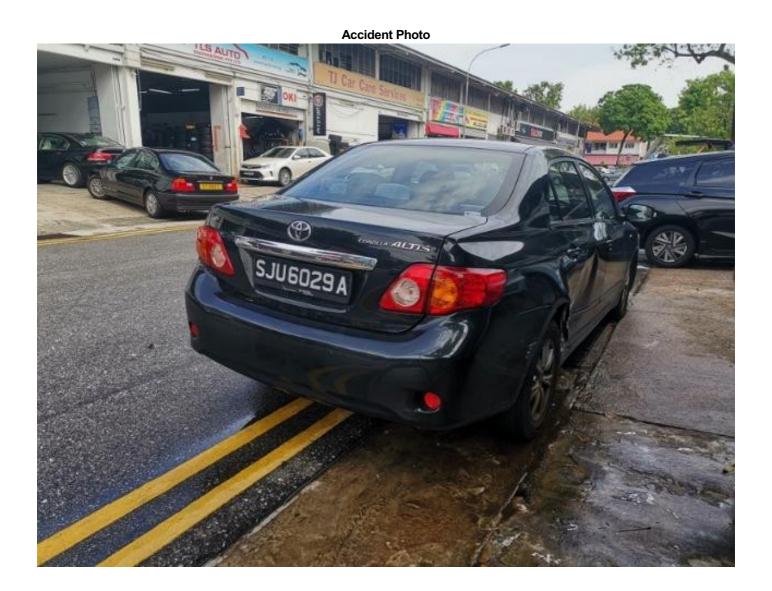
Policyholder's Signature Date & Time:

Driver's Signature

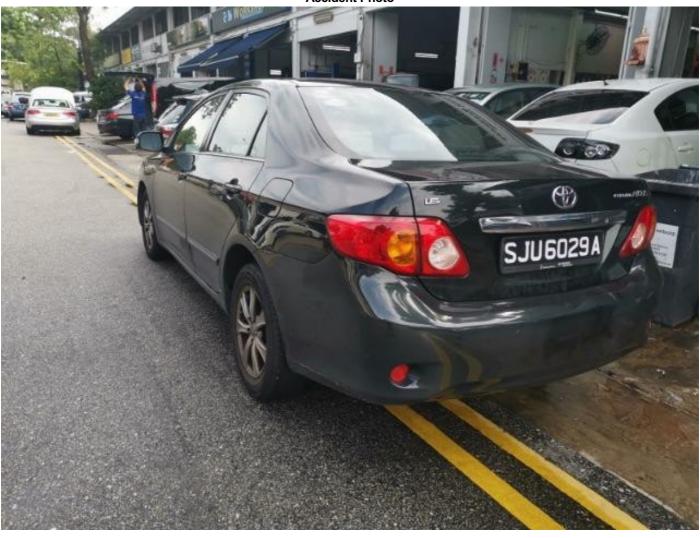
(If driver is not the policyholder) Date & Time: 17 -06-2019

1050 HRS

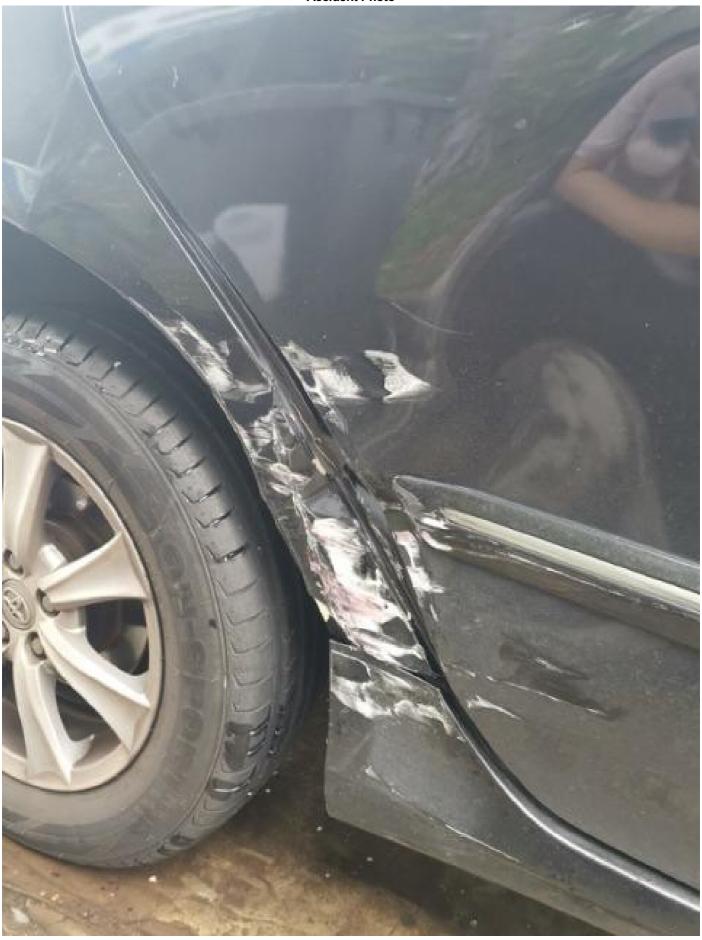
Reporting Centre Persophel's Sknatur Wy Holds
NRIC/FIN No.:

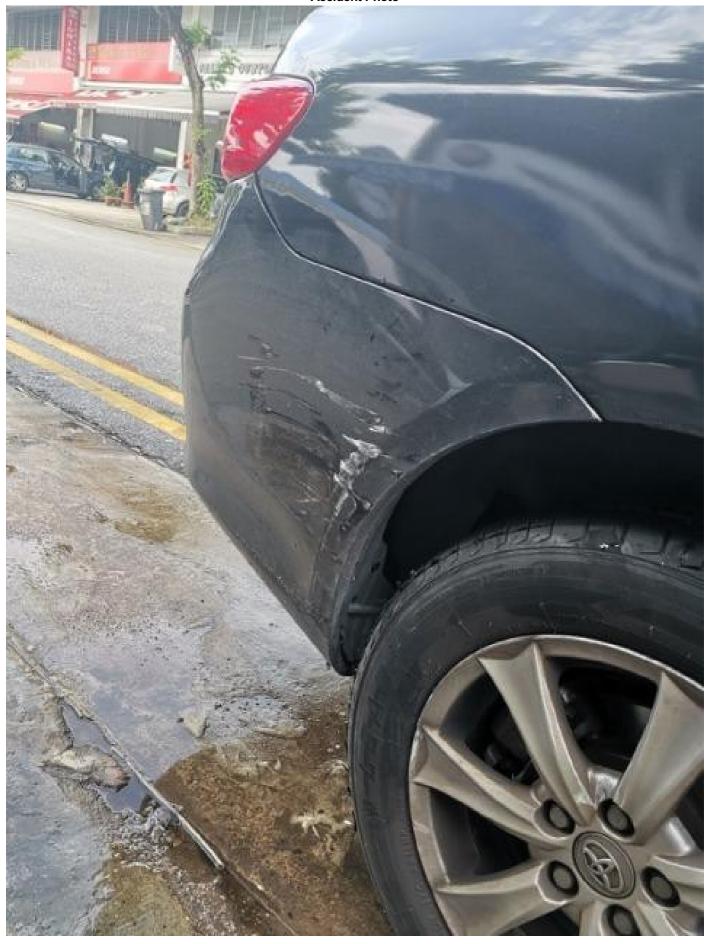




















Identification Card





Driving License

