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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/06/2019 19:10
Date Of Accident	11/06/2019 09:00
Exact Location Of Accident	NO: 5 COURT ROAD (558124)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK5489C
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SOPHIEGILLIO@YAHOO.FR
Mobile Phone No	(LOCAL) +65-90301595
Alternative Phone No	OFFICE-90301595
Vehicle Particulars	
Manufacturer	TOYOTA
Model	FORTUNER
Exact Purpose for which vehicle was being used at time of accident	COMING BACK HOME FROM SHOPPING
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	MOREL EP GILLIO SOPHIE PAOLA SIMONE
Passport No/FIN	G3181229T
Date Of Birth	11/12/1970
Occupation	INDOOR

22/12/2011

Gender FEMALE

Mobile Number (LOCAL) +65-90301595

Fax Number

Date Of Driving Pass

Contact Number OTHERS-90301595

EMail Address SOPHIEGILLIO@YAHOO.FR

5 COURT ROAD Address

Postcode 581124

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** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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 NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SGR7927C Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

Accident Sketch Plan

SKETCH PLAN

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- 6. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(a) My Insurer , my withishop 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agencylauthority (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;

(ii) carrying our and/or dealing with my instructions or responding to any enquiries by me:

(b) administrang my claims (including the making 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); engler

(v) complying with applicable law in administrang, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(b) all insurer(s) this 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 think party service providers or agents (Including (heir lawyers law firms), which way be sited outside of Singapore, for one or more of the above Purposes.

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Sketch Plan 4	A Time Convers Signar S.Time	11 06.8019 10 5 Goulet		POTING CENTER FERRANGE
property	an - 5 5	BOXE	UNESH.	Diva car
A)SKK	5489C	Collision	when p	arting Thear

Accident Sketch Plan

· ·	
when coming back to home,	Parking of Fla
can in front of the house (
as usual by day so, u	e hit the
can for its front right sic	de), that was
purked close to the hart und	
we can he that He car wa	
purised with dittle place left	on the Koad
even though we recognize our	fault to how
hit the car.	

M. 06. 2019

15 h30

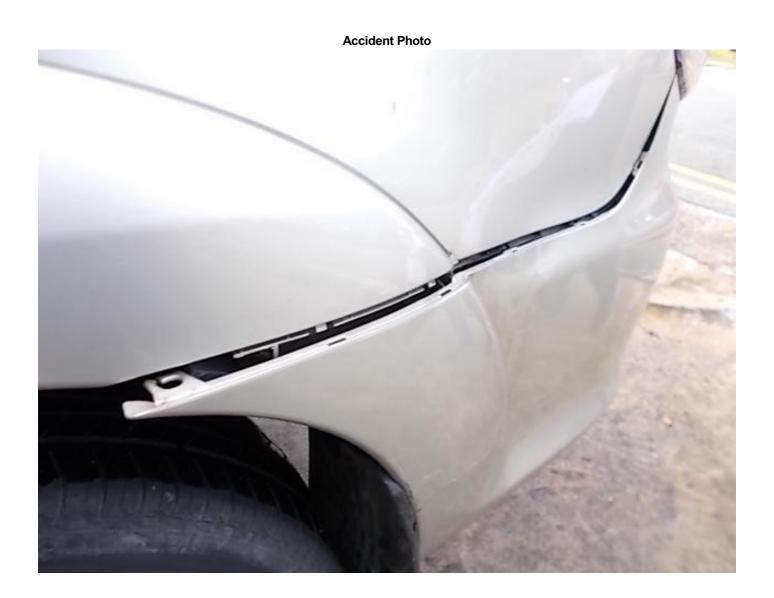






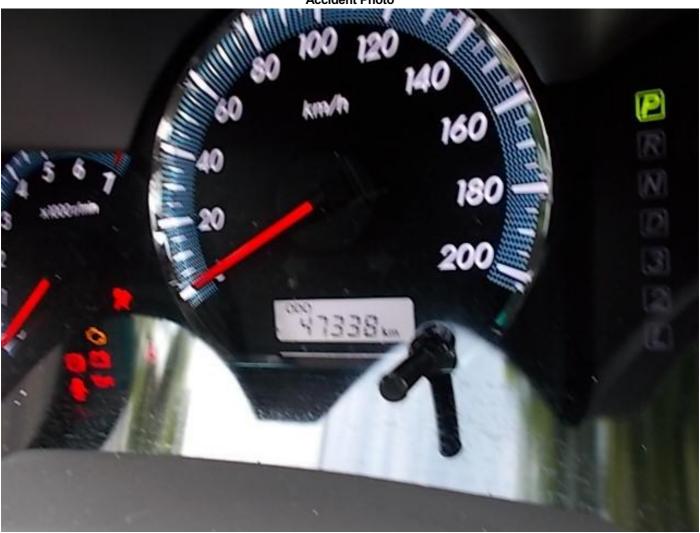












REPUBLIC OF SINGAPORE

FIN G3181229T





Name

MOREL EP GILLIO SOPHIE PAOLA SIMONE

For LKK/NAC Use Only

Date of Birth

Sex

11-12-1970

Nationality

FRENCH

G3181229T

FA1823014

DEPENDANT'S PASS Immigration Regulations



FIN G3181229T

For LKK/NAC Use Only

MULTIPLE JOURNEY VISA ISSUED

Date of Issue

Date of Expiry

05-04-2017

11-08-2020



Information Leaven - Comment of the same of the s 1 Nom: MOREL CATÉGORIES DE VÉHICULES POUR LESQUELLES LE PERMIS EST VALABLE DEPUIS LE EPOUSE GILLIO MENTIONS RESTRICTIONS 2. Prénom : SOPHIE PAOLA SIMONE A1 35 12840 15/05/1992 3. Date et beu de naixance : 11/12/1970 CANNES (006) А 000 ******* 1 Danicio 203 CHE DES BRUSQUETS 3 ********* 06600 ANTIBES ₽. 15/05/1992 B1 B 4. Delivré par LE SOUS-PREFET (06) 15/05/1992 AGRASSE. ± 2500 kg ± (1 + kd) 1022/12/2011 C ******** C 5.4910106110221 ********* D D. ******** -******** E C ******** D

Fulldhorioun Lignich DESCRIPTION OF STREET CONTRACTOR OF CHILDREN CONTRACTOR CONTRACTOR CONTRACTOR CATÉGORIES DE VÉHICULES POUR LESQUELLES LE PERMIS EST VALABLE EN CIRCULATION NATIONALE 10 E P 7 9 9 5 6 RÉPUBLIQUE FRANÇAISE DISPOSITIF CORRECTION VISION 01 DU 71 DUPLICATA MENTIONS/TIMBRE **** ******** **** ******** **** ********* PERMIS DE CONDUIRE CHANGEMENT DE DOMICLE Curgerentteo sa ynpaistenin na MSC
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Vazilaria spliccha e Varientino pulympiasa
Venetii engulely e Licencja tas-Sewqan
Rijbewijs e Pisceo Jazdy
Carlo de Condução e Permis de conducere
Vodičský prankaz e Vossičko dovolenje
Ajokomi e Kórkont For LKK/NAC Use Only Modèle des COMMUNAUTÉS EUROPÉENNES