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	25/06/2019 09:57
Date Of Accident	19/05/2019 13:00
Exact Location Of Accident	ALONG TYRWHITT ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC5666M
Insured/Policyholder	
Name Of Registered Owner	MAIKO D'ROZARIO
NRIC No	S7657277A
Email Address	FOREVER_TABIBITO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91551887
Alternative Phone No	OTHERS-91551887
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 I (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	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	2100466622-03
Cover Note Number	
Driver	

MAIKO D'ROZARIO Name of Driver

NRIC No S7657277A Date Of Birth 11/11/1976 Occupation **INDOOR Date Of Driving Pass** 01/03/2006

Driving Experience 13 YEARS AND 2 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-91551887

Fax Number

Contact Number OTHERS-91551887

EMail Address FOREVER_TABIBITO@HOTMAIL.COM

60 ROBERTSON QUAY Address

#04-08 238252

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

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)

Passenger 1

NAME: : HUSBAND

GENDER: : MALE

Passenger 2 NAME: : DAUGHTER

> GENDER: : FEMALE

Passenger 3 NAME: : SON

> **GENDER:** : MALE

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)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD2586Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver TAM KENG SENG

NRIC/Passport Number S1114757G Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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)

Lunderstand, 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:
 - (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.

Date & Time: >

(If driver is not the policyholder)

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN	A Hour Tyru	VITT ROBD
	a nycar	
	B	A) SLC 5666M
	V toxi	B 1 SHO 2586 Y.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

T was driving slowly and heard signal behind so I moved car forward. Taxi behind tried to pass over and it was in blind spot so hit the side of taxi.

DECLARATION

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

女产的衣子

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

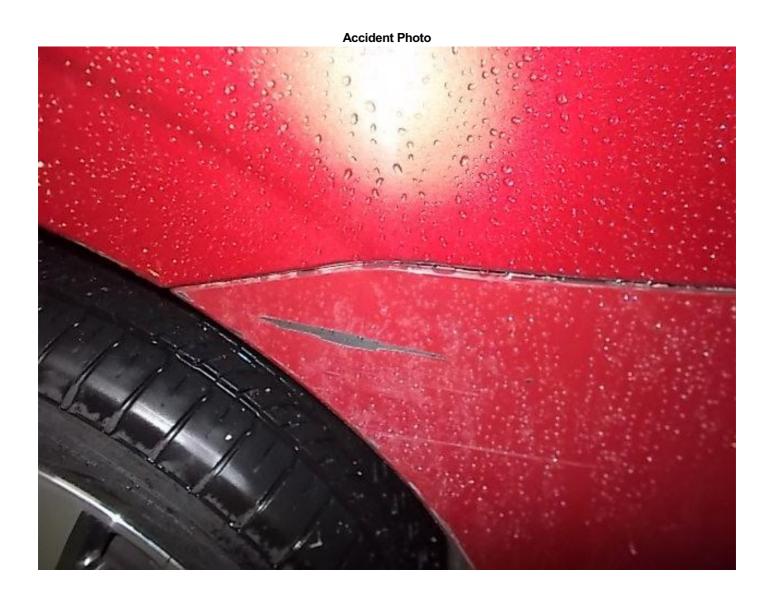
Regarding Centre Personny

Name: NRIC/FIN No.:









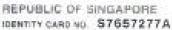








Identification Card







ORASORIO DAIAM

JAPANESE. Oste of Serie 11-11-1978

SAPAN

For LKK/NAC Use O





JAPANESIS. 20-05-2016

SC ROMENTSON GUAY 834-86 MMGAPORE 228282

YOU ARE LICENSED TO CRIVE VEHICLES IN THE POLLOWING CLASSIFS!

Class 3.h Migrar same without platen reades (Acts) with unletter on Mar 2000 weeking on 50,000 years at 3 persongers, or platen of share 2000 with unletter of share more consideration or the construction of the construction with unletters weight or 35,000 years.

For LKK/NAC Use Only

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