

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	09/07/2019 11:57
Date Of Accident	02/07/2019 20:00
Exact Location Of Accident	JUNCTION OF TUAS SOUTH AVENUE 5/TUAS SOUTH DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6240J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85155851
Alternative Phone No	OFFICE-85155851

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	YES
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	VERGOTE THOMAS ALEXANDER
Passport No/FIN	G3130254X
Date Of Birth	20/12/1989
Occupation	INDOOR
Date Of Driving Pass	17/10/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85155851
Fax Number	
Contact Number	OTHERS-85155851
Email Address	NOEMAIL

Address	3 RIDGEWOOD CLOSE #18-01
Postcode	276654
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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN


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5. Any false reporting may be referred to the Traffic Police Department for investigation.
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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.

3. Consent under the Personal Data Protection Act (PDPA)

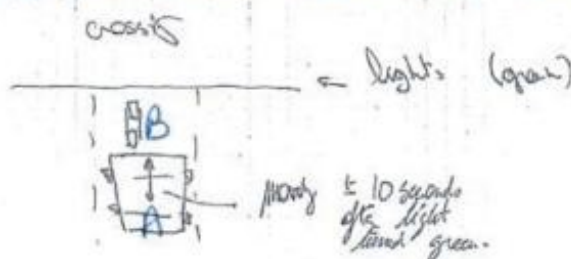
I understand, acknowledge, agree and consent that:

- (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 accessed 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (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' law firms/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be based outside of Singapore, for one or more of the above Purposes.

 31/07/2019
15:00
 09/07/2019
 Policyholder's Signature (Date & Time) Driver's Signature (if driver is not the policyholder) (Date & Time) Witnessed by Reporting Centre Personnel

Sketch Plan *  LUAS SOUTH PARK SURROUND OF LUAS SOUTH PARK



A) SMD 6240J

B) UNKNOWN motor cycle

Sketch Plan #2

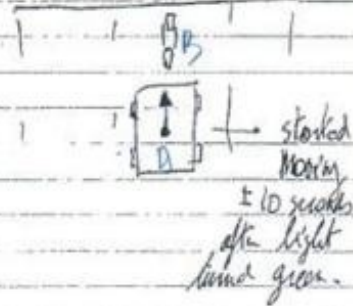
Describe Circumstance of the Accident *

Car was stationary in front of red light. A motorcycle was stationary in front of the car.

The light turned green but the motorcycle was not moving. After ± 10 seconds, to the driver of the car thought the motorcycle started moving. In response, the car started moving as well. This was a ~~wrong~~ misinterpretation: the motorcycle did not move yet and the car hit the back of the motorcycle.

I stepped out of the car to check if there was any damage or injury to the motorcycle and driver. After checking that all was ok, the motorcycle left.

Due to the impact of the bumper of the car on the fender of the motorcycle, the bumper was damaged slightly.



Declaration

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

Participant's Signature:  

Driver's Signature:  Date: 3/07/2019, 15:00
S. Tim

Witnessed by Reporting Centre Personnel: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



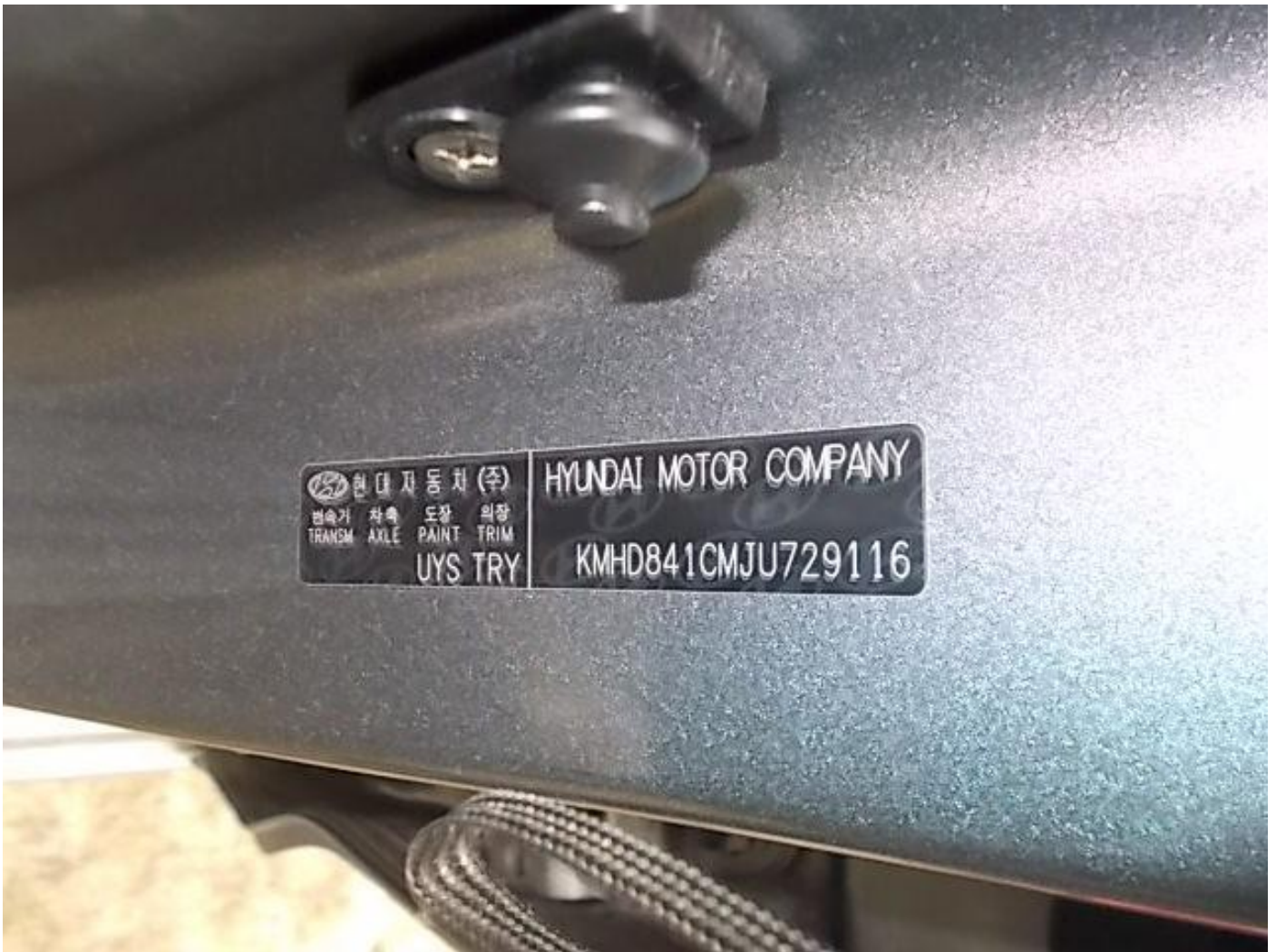
Accident Photo



Accident Photo



Accident Photo





Identification Card

YOU ARE QUALIFIED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:

CLASS 3 Motor Cars - 2800kg with 1-7 passengers, exclusive 17 Oct 1991, of the driver, and other motor vehicles 1-4 2800kg

For LKK/NAC Use Only

License No: 311302543

FOR LKK/NAC Use Only

NAME: KENNETH THOMAS ALLEN ROSE

DOB: 1954-04-04

SEX: M

EXP: 20-10-2008

ISS: 04-11-2008

EXPIRY: 20-10-2012

MULTIPLE JOURNEY VISA ISSUED

FOR NON-UK DRIVERS: THIS CARD IS VALID FOR 12 MONTHS FROM DATE OF ISSUE, OR UNTIL A NEW CARD IS ISSUED TO YOU.

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