

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	15/07/2019 18:07
Date Of Accident	10/07/2019 12:40
Exact Location Of Accident	AT PARAGON B2 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4631E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SEIICHIRO.ISADO@WISMETTAC.COM
Mobile Phone No	(LOCAL) +65-82187633
Alternative Phone No	OFFICE-82187633

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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	SEIICHIRO ISODA
Passport No/FIN	F2166195M
Date Of Birth	19/03/1961
Occupation	INDOOR
Date Of Driving Pass	30/11/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82187633
Fax Number	
Contact Number	OTHERS-82187633
EEmail Address	SEIICHIRO.ISADO@WISMETTAC.COM

Address	8 ENGGOR STREET #38-02
Postcode	079718
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	SIDE SWIPE
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	SKK2192C
Vehicle Make/Model/Colour	MAZDA 8
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIU KAR KIT
NRIC/Passport Number	S8572431B
Contact Number	96213315
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

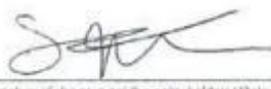
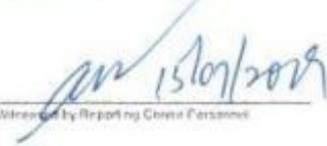
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3. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

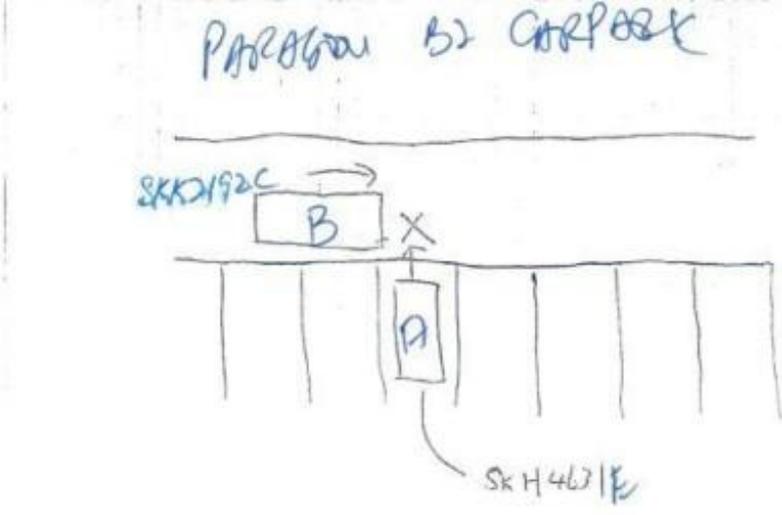
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 enveloped/postal 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.



Policyholder's Signature _____ Date _____
 Driver's Signature (if not the policyholder) _____ Date _____
 Witnessed by Reporting Centre Personnel _____

Sketch Plan 



A) SK H 4631E
 B) SKK 2192C

Accident Sketch Plan

Describe Circumstance of the Accident *

I turned on the engine of SKH 4631 E in the car park of PARAGON B2 and was waiting the car coming from the left to pass before SKH 4631 E.

As the car came from left stopped at the left side of SKH 4631 E, I slowly moved forward. But the car suddenly moved forward and hit the front of SKH 4631 E.

Declaration

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


Policyholder's Signature




Driver's Signature of driver at the time of the accident

Date: 10/7/2019


Witnessed by Witnessing Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



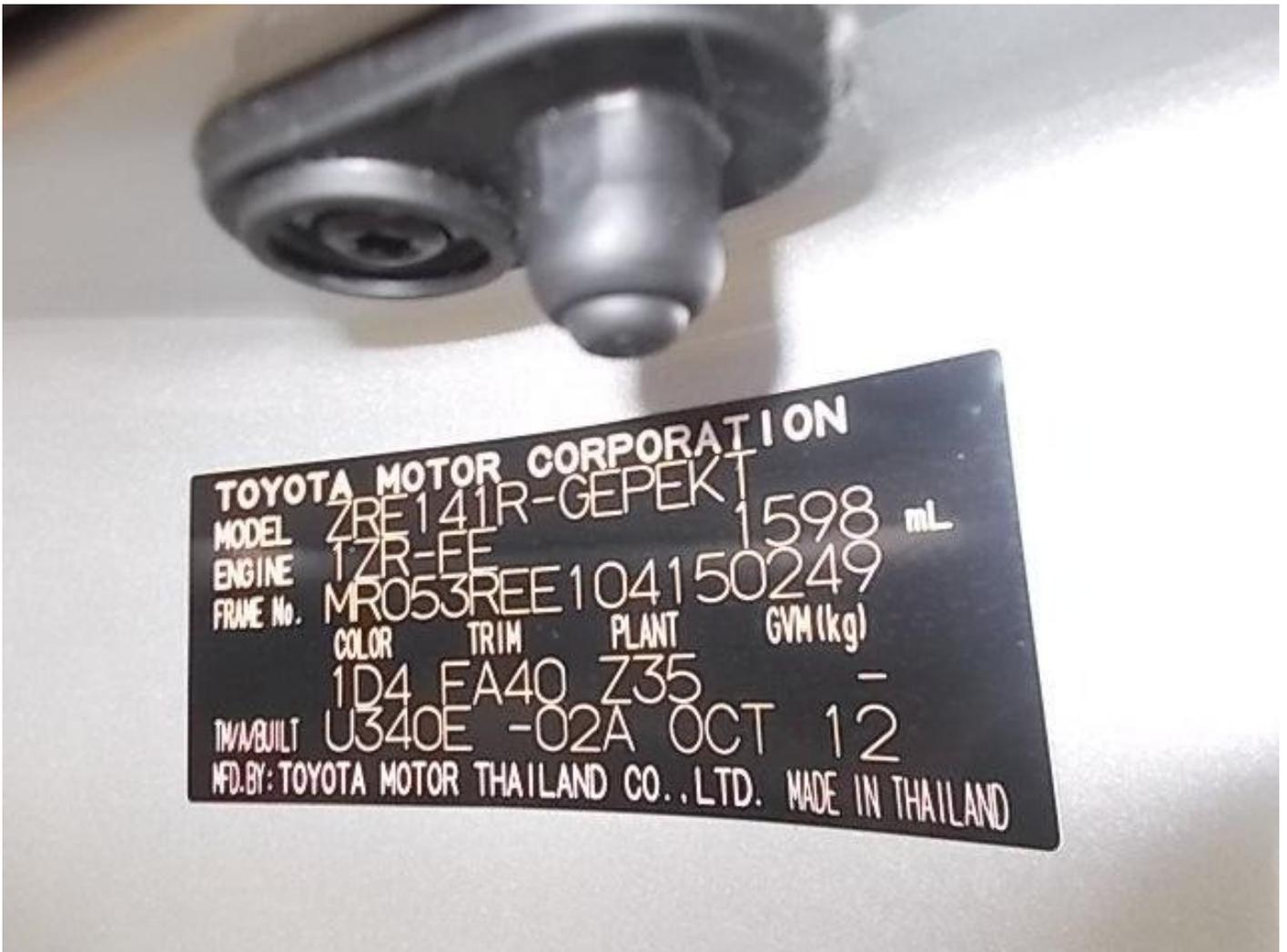
Accident Photo



Accident Photo



Accident Photo



Identification Card



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048310
Tel (65) 6224 0010 Fax (65) 6224 0010
Operating Hours: Monday to Friday, 09:00 - 17:00
URL: 5482300220 / GST Reg. No: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MWAY19092617 Vehicle Registration No: 3KH 4651E
Name (as shown in NRIC) : SKELCHERO ISODA NRIC/FIN/Passport No : F2166195M1
(Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 8218-7633
Email Address : _____
Date of Accident : 10/07/2019 Time of Accident : 12:40
Place of Accident : A7 PRAGON B3 CARPARK
Insurance Company : AIW

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THIRD PARTY VEHICLE NUMBER : SKK 2192C



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Robt. Vintors
NRIC/FIN No.:
Date: 16/07/2019

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048520
 Tel (65) 6224 0010 Fax (65) 6224 0020
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S88500220 / GST Reg. No: M450517733

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ADDENDUM

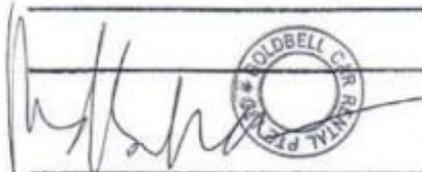
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

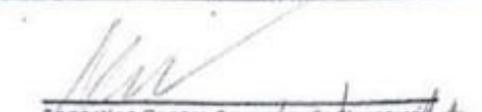
Original Report No : MMA4909617-01 Vehicle Registration No: SKH 4631E
 Name (as on NRIC) : SELEKTRO 1800S NRIC/FIN/Passport No : F2166195M
 (* Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 82187633
 Email Address : _____
 Date of Accident : 10/07/007 Time of Accident : 12.40
 Place of Accident : A7 PASIRGANG B2 CARPARK
 Insurance Company : ANL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Transfer from T/Party to Repolover only


 Policyholder / Driver's Signature
 Date: _____


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____