

## 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	16/07/2019 16:23
Date Of Accident	10/07/2019 08:25
Exact Location Of Accident	HIGHLINE RESIDENCES EXIT BARRIER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9286M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SOPHIEDENNIS_UK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85062345
Alternative Phone No	OFFICE-85062345

### 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	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	STEPHENS SOPHIE HARRIET
Passport No/FIN	G3410444T
Date Of Birth	08/11/1988
Occupation	INDOOR
Date Of Driving Pass	25/01/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-85062345
Fax Number	
Contact Number	OTHERS-85062345
Email Address	SOPHIEDENNIS_UK@HOTMAIL.COM

Address	9 KIM TIAN ROAD #31-17 HIGHLINE RESIDENCES
Postcode	168593
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 PROPERTY
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	1
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	
Vehicle Make/Model/Colour	
Details Of Properties	BARRIER
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

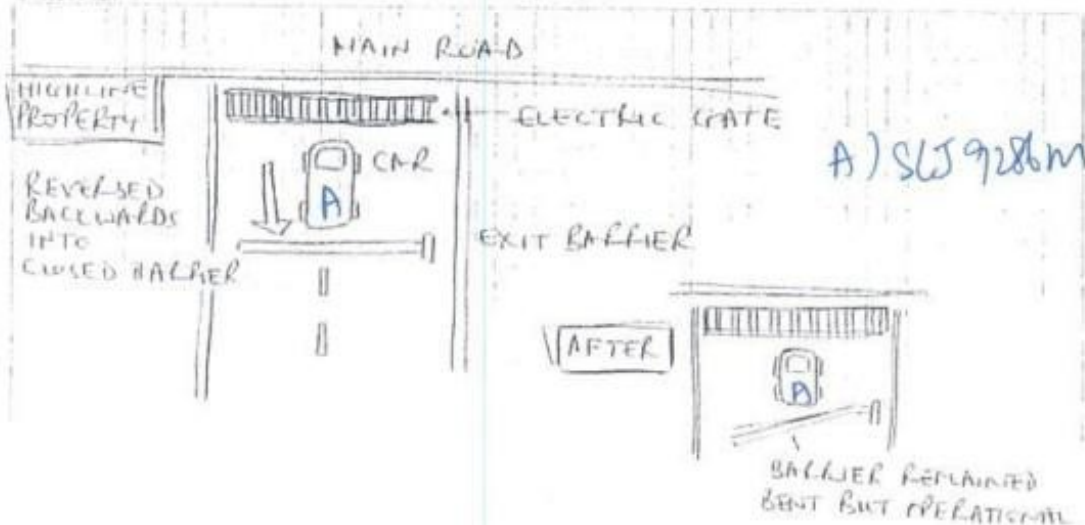
### SKETCH PLAN

#### 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 Authorized Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.
  6. This report will be forwarded by the insurers to 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.
  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' law/ers/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' law/ers/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 to be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law/ers/law firms) which may be situated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature:  Date: 15/07/19  
 Checked by Insurer (if driver is not the policyholder): Date: 15/07/19  
 Created by Reporting Centre Personnel:  16/07/2019

Sketch Plan #:



# Accident Sketch Plan

Describe Circumstance of the Accident \*

WEDNESDAY 10<sup>th</sup> OF JULY, WAS DRIVING OUR 7 MONTH OLD TO PLAYGROUND. EXITED THROUGH THE RESIDENTS BARRIER AND WAITING FOR ELECTRIC GATE TO OPEN, REALISED I HAD FORGOTTEN SOMETHING. LOOKED BEHIND TO REVERSE BUT DID NOT SEE THE THE EXIT BARRIER HAD COME DOWN. AWARE HAD REVERSED INTO THE BARRIER, WENT FORWARD AGAIN. IMMEDIATELY INSPECTED THE BARRIER WHICH REMAINED BENT. NO DAMAGE TO THE CAR OR ANY OTHER PROPERTY. WENT DIRECTLY TO THE SECURITY GUARDHOUSE AND REPORTED THE INCIDENT. DISCUSSED WITH THE MANAGEMENT OFFICE ON PRIVATE PROPERTY AND NO NEED TO FILE POLICE REPORT.

## Declaration

(We declare the foregoing particulars are true in every respect.)

Person's Signature



Signature of Driver is not the author of this Plan  
& Date

15 07 2019

15 15

Witnessed by Reporting Centre Personnel

16/07/2019

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Identification Card





Identification Card

GA0112319 15-04-2019

**DEPENDANT'S PASS**  
Immigration Regulations

Download SGWorkPass App to check status

FIN G3410444T

For LKK/NAC Use Only

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Driving License



## Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	25 Jan 2019

For LKK/NAC Use Only

NP 428A



Licence No: G3410444T