

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 | 17/07/2019 11:06 |
| Date Of Accident | 11/07/2019 08:30 |
| Exact Location Of Accident | FARRER ROAD, NEAR HOLLAND ROAD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SMF8637A |
| Insured/Policyholder | |
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No | 200710651D |
| Email Address | NIHARA.FERNANDO@APMEA.MCD.COM |
| Mobile Phone No | (LOCAL) +65-96532908 |
| Alternative Phone No | OFFICE-96532908 |

Vehicle Particulars

| | |
|--|---------------------------------|
| Manufacturer | SUBARU |
| Model | XV-2.0 I-S EYESIGHT AWD CVT (A) |
| Exact Purpose for which vehicle was being used at time of accident | DRIVING TO WORK |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| 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 | NIHARA AMALA FERNANDO |
| NRIC No | S7486587I |
| Date Of Birth | 08/12/1974 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/11/2016 |
| Driving Experience | 2 YEARS AND 8 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96532908 |
| Fax Number | |
| Contact Number | OTHERS-96532908 |
| Email Address | NIHARA.FERNANDO@APMEA.MCD.COM |

| | |
|---|--|
| Address | 39 GILSTEAD ROAD #01-19 GILSTEAD BROOKS |
| Postcode | 309083 |
| 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 | FBD6103C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | BAHRUM BIN TIRAN |
| NRIC/Passport Number | |
| Contact Number | 88770812 |
| Address | |
| Postcode | |
| Insurance Company Name | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

Sketch Plan


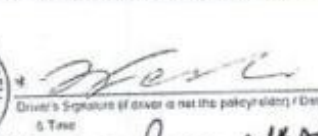
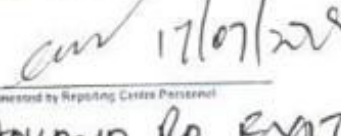
SKETCH PLAN

IMPORTANT NOTICE

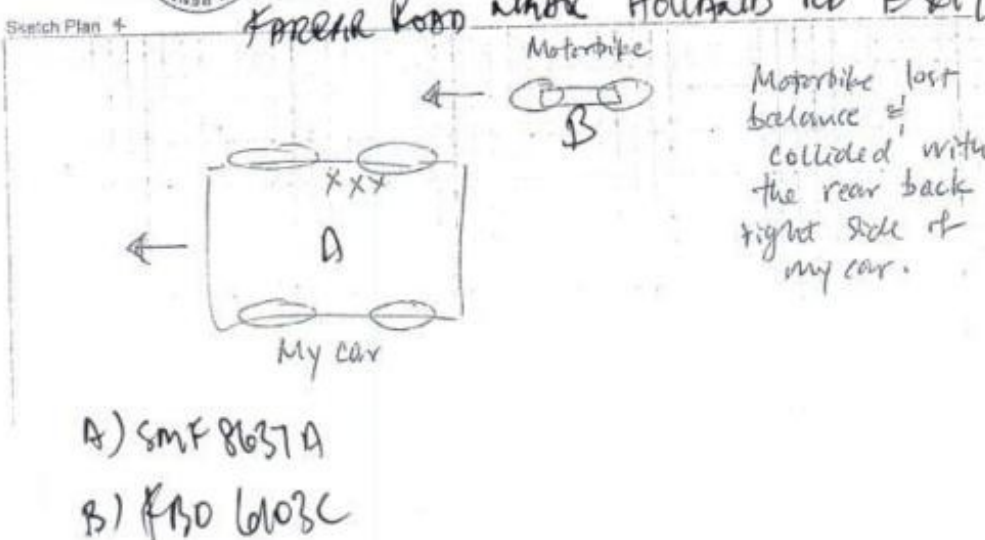
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

 - 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 firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - 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/envelop packages), and/or
 - complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (collectively the "Purposes")
 - 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 any Personal Information for one or more of the above Purposes; and
 - 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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature (Name & Time) Driver's Signature (if driver is not the policyholder) (Date & Time) Witnessed by Reporting Centre Personnel



Sketch Plan #2

Describe Circumstance of the Accident *

I was driving along Farrer Road in heavy traffic. I suddenly felt & heard something bump into the rear right side of my car. I was moving at about 30-40 km/h. I looked in my rearview mirror & saw a motorcycle & the rider on the road. He had fallen off his bike.

I stopped & then moved to the left lane & into a small lane where I could get out of my car.

Other drivers helped the rider up & he came & joined me & we exchanged details.

His bike was rideable but there was some liquid leaking out.

My car had scratches & dents on the rear right & the plastic wheel arch was loose.

See attached photos.

The car is driveable & I continued to work.

Declaration

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


Policyholder's Signature




Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Constable / Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



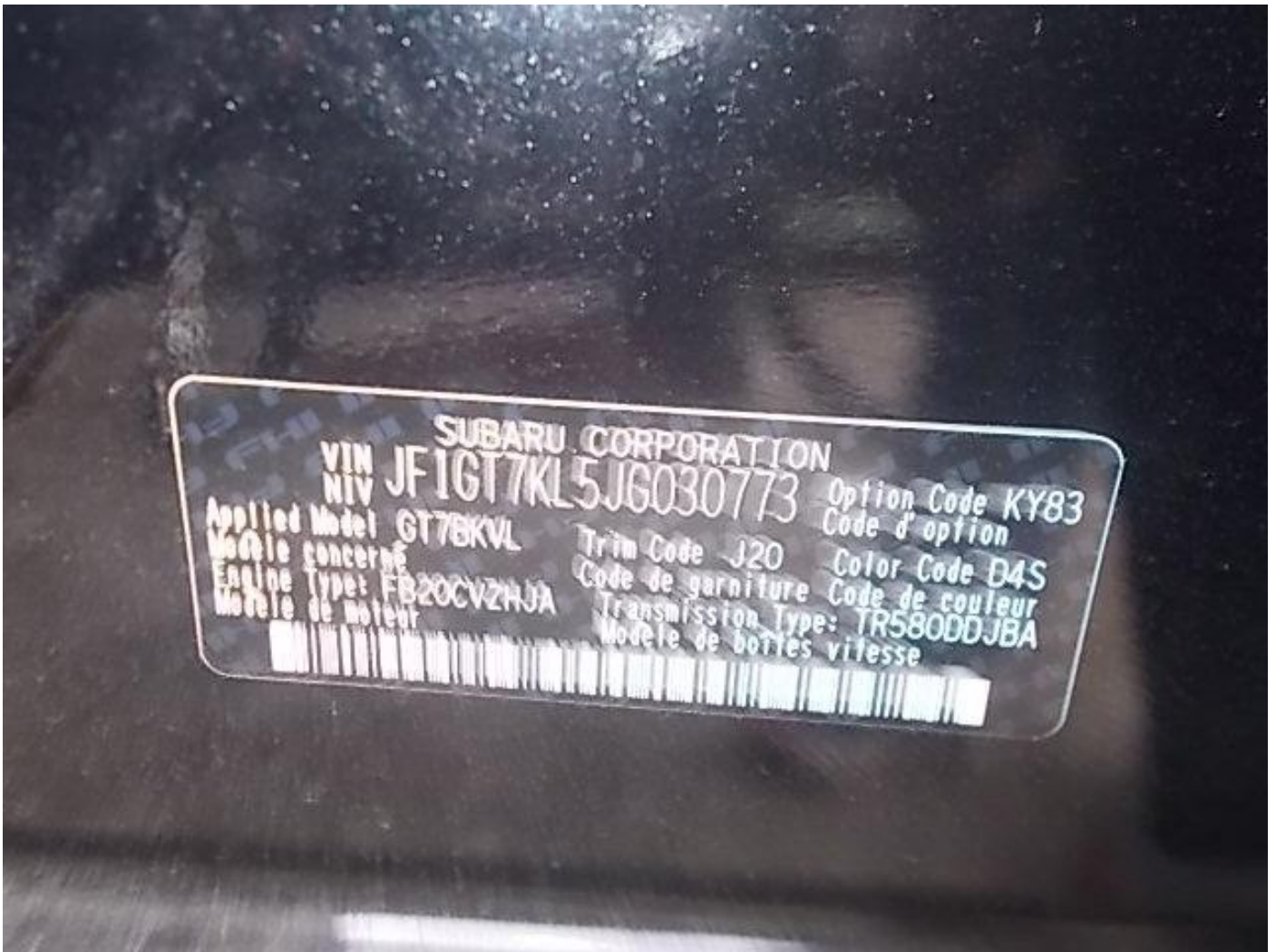
Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card



Driving License



Driving License

