# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/09/2019 15:15

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 <u>truthful and accurate</u> 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/09/2019 15:09
Date Of Accident	30/08/2019 18:00
Exact Location Of Accident	JCT OF ORCHARD LINK & BIDEFORD RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG2097R
Insured/Policyholder	
Name Of Registered Owner	VIC-DUPONT THIBAULT NICOLAS
Passport No/FIN	SXXXX706I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98634376
Alternative Phone No	Office-98634376
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B200
Exact Purpose for which vehicle was being used at time of accident	
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	
Cover Note Number	
Driver	
Name of Driver	HAMILTON NITAYA
Passport No/FIN	SXXXX109D
Date Of Birth	27/06/1973

**INDOOR** 

06/05/2011

8 YEARS AND 3 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-91005371

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address 4-2 PENDER RD

Postcode 099167 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured **SPOUSE** 

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

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1 : ANOUCK VICDUPONT Name:

> Gender: : Female

### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY: SINGAPORE

**Police Station Contact** TEL NO: 1800-7359999 - FAX NO: 67331934

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

REFER POLICE REPORT NO: T/20190911/2093. ORCHARD NPC.

#### 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

SKS8620C

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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 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 nade 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' 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
  - (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
  - (v) 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' 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
- 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.
- 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.

Policyholder's Signature Date & Time 16/09/2019 1333 Driver's Signature

(If driver is not the policyholder)

Date & Time 16/09/2019 1333

Kerlyn Ong Kai Li DID: 6771 4420 HP: 9186 5113

Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No.:

		THIT		
SCRIBE CIRCUMSTANCES OF THE ACC	CIDENT			
	n every respect.			
e declare the foregoing particulars are true in				
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NRIC/FIN No.:

(If driver is not the policyholder) Date & Time 16/09/2019 1333





T/20190911/2093

Date of Expiry:

Police Station Of Origin: Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

Housewife

Report No. T/20190911/2093

#### REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No .: Station Diary No.: 11/09/2019 14:57 Informant's Particulars Name of Informant: Address: HAMILTON NITAYA 4-2 PENDER ROAD SINGAPORE 099167 ID Type / ID No .: Contact No .: NRIC NO / S7389109D Home/Office: Mobile: 91005371 Nationality: Email: THAI Sex: Age: Date of Birth: Type of Informant: Female 46 27/06/1973 Driver Race: Language: Institution / School Name: Caucasian English Occupation: **Driving Licence Information:**

Class: 3

Type of Accident:	Non-Injury Others	Drive: Ad	ate/Time of ccident: 0/08/2019 18:30	Type of Location Straight Road
Location: Along Road 1 BIDEFORD F		Road Surface:	Ro	
PROTEIN AND AND AND AND AND AND AND AND AND AN		7.700,000,000,000	110	ad Speed Limit:
Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled		ffic Volume:

Details of V	ehicle Invo	ived				DANSE AND AND AND
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKG2097R	Car	MERCEDES BENZ		Silver	No Damage	1

Details of Person Involved	"并是这个方法,这是一个有一个,我们还是一个有一个。" "我们是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

3 of 3 Report No. T/20190911/2093

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Signature Of Officer Recording The Report: E / Staff Sgt KONG ZI QIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2019 14:57
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG Staff Sgt WONG Staff Sgt WONG Staff Sgt WONG Contact No.: 65476151	Classification Of Case:
Authentication Stamp SIGNATURE	



T/20190911/2093

2 of 3

Report No. T/20190911/2093

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

## CONTINUATION OF REPORT

Driver				ID No		S7389109D
Name	HAMILTON NITAYA			Contact No.  Class of Driving Licence &		91005371 Class: 3 Date of Expiry: NIL
Related Vehicle	NIL NIL Date Disc					
Hospital/Clinic						
			Date Disc	Expiry Date		
Date Treatment	NIL	-				
No. of Days gran	ted Medical Leave	NIL	Degree o	rinjury	NIL	

#### Brief Details.

I am the above mentioned person and I affirmed information and particulars provided by me are true and correct.

On the 30/08/2019 at about 1830hrs I was driving along Bideford Road, I was on the middle lane from the left. As I was driving straight I spotted one white BMW vehicle inches closely toward me from the right. I tried to honk the driver to warn him but to no avail. His vehicle side swipe into my right mirror. I wind down my window and asked him what is his problem and he claimed that I am on the left lane. I made my way to the drop off point of Paragon Mall to exchange contact detail with the driver but he did not stop and left the location.

No one is injure from this accident. My vehicle sustained no damaged from this incident.

I am filing this police report because I received a GIA insurance email. I am filing this for record purpose.









## **Accident Photo**









## **Accident Photo**

