

## 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	11/09/2019 12:54
Date Of Accident	23/08/2019 08:10
Exact Location Of Accident	ALONG CAIRNHILL CIRCLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1837Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MARTIN.BOWEN@DYSON.COM
Mobile Phone No	(LOCAL) +65-96273570
Alternative Phone No	OFFICE-96273570

### Vehicle Particulars

Manufacturer	BMW
Model	X4 XDRIVE20I NAV
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994188/100875301-00068
Cover Note Number	

### Driver

Name of Driver	BOWEN MARTIN WILLIAM
Passport No/FIN	518215756
Date Of Birth	05/12/1968
Occupation	INDOOR
Date Of Driving Pass	23/05/1991
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96273570
Fax Number	
Contact Number	OTHERS-96273570
Email Address	MARTIN.BOWEN@DYSON.COM

Address	2 SCIENCE PARK DRIVE #03-13/26
Postcode	118222
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	NO COLLISION
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 ATTACHMENT

#### 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	MAZDA BLUE
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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 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. 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 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' 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 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' 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.
- (d) 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:

  
Driver's Signature  
(If driver is not the policyholder)

Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN

Refer to attachment

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO THE ATTACH PAGE

#### DECLARATION

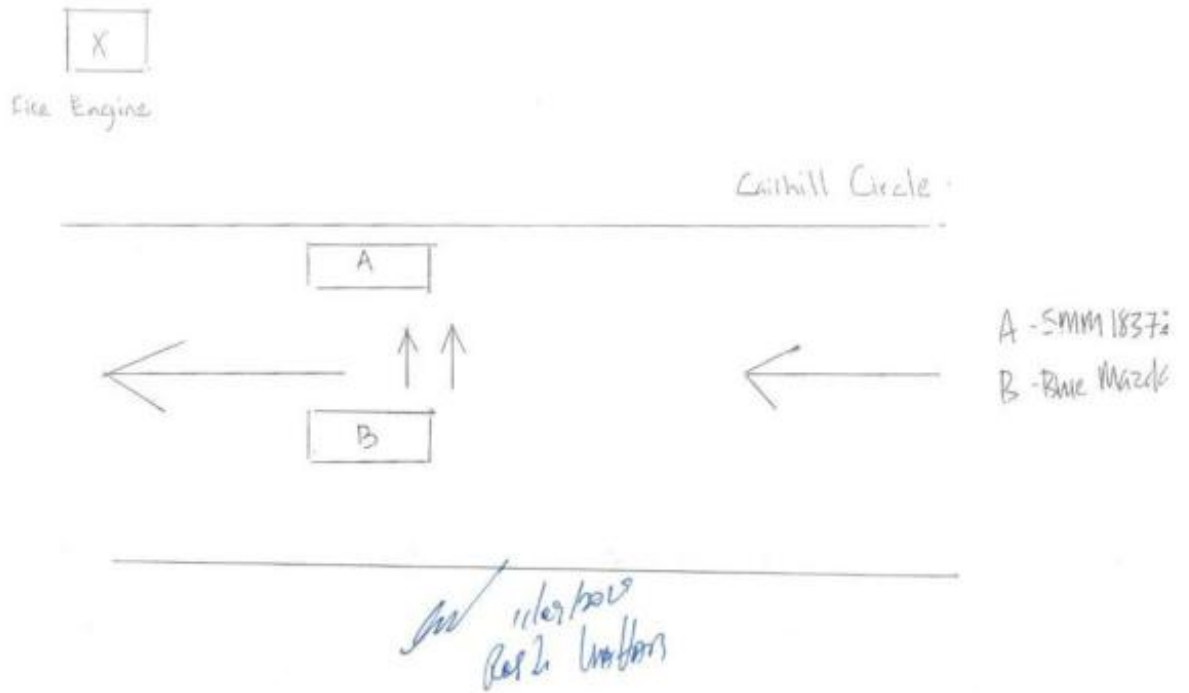
I/We declare the above particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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


ATTACHMENT




## ATTACHMENT

At approximately 8:10am on Friday 23 August 2019 I left my apartment building and drove on to Cairnhill Circle, a one-way street. As I drove around Cairnhill Circle I encountered two fire engines that were attending an incident and blocking the road. There were three vehicles in front of me. A person in an orange jacket was signalling to the vehicles we should turn around and go back around Cairnhill Circle in the wrong direction-presumably the fire engines were to be there for some time. Therefore, I put on my vehicle's hazard warning lights and along with the other three vehicles turned around to make our way back. As Cairnhill Circle is a one-way street, when we encountered traffic coming towards us, they were surprised as they would not expect vehicles to be coming that way. My car was the first car to travel back around Cairnhill Circle. One vehicle passed me in the opposite direction and then a blue Mazda approached leaving very little room to pass. I therefore slowed down to a stop next to the Mazda and then I dropped my window to tell the driver that the road was blocked and that was the reason why vehicles were coming back towards him. The driver of the vehicle acknowledged this information and we both made to pull away. I had just started to move and still had my window down. The driver of the blue car then said "you have hit my car". I expressed some surprise as I had not felt any contact with the vehicle. I asked the other driver to pull over to the side of the road. I went to the side of the road and examined my vehicle. It was unmarked - there were no scratches, dents or blue paint from the other vehicle. I took a picture of my vehicle. The driver of the other vehicle turned around and came back towards me. He then pointed to a dent on the rear of his vehicle approximately one-third of the way around the rear right arch. He said that that was where contact was made. I took a picture of his vehicle. We exchanged details and each promised to ensure that we notified our respective insurance companies. I am now doing that. I have no recollection of making contact with the other vehicle as we moved apart and I have no damage to my vehicle. I confirm that there was a dent on the other vehicle.

Signed

  
Name: Martin Bowen  
Date: 23 August 2019

  
11/08/2019  
Reski Watter

Accident Photo





Accident Photo





**Accident Photo**



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo

