#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. 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.
- 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 conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/12/2019 09:56
Date Of Accident	01/12/2019 00:15
Exact Location Of Accident	JOHOR BAHRU CUSTOMS CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN5892G
Insured/Policyholder	
Name Of Registered Owner	OLIVER GUISEPPI BARBAGALLO
NRIC No	G3247851X
Email Address	OLIVER.BARBAGALLO@MACQUARIE.COM
Mobile Phone No	(LOCAL) +65-91709745
Alternative Phone No	Others-91464094
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL-2.0 CVT (A)
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?	YES
If No, Please state action to be taken	
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	1900150165
Cover Note Number	
Driver	
Name of Driver	BEGONA HUALDE BILBAO
NRIC No	G3249058T
Date Of Birth	06/11/1974

**INDOOR** 

19/10/2016

3 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-91464094

Fax Number

**Contact Number** 

EMail Address BEGOHUALDER@YAHOO.COM

Address 24 LAUREL WOOD AVENUE

17-00 YHE TENERRIFFE

Postcode 275903
Was driver an employee of the Insured's Company NO

Vehicle Registration Number of Driver's Own

If No, Relationship of the Driver with the Insured

Vehicle

-

**SPOUSE** 

Insurance Company of Driver's Own Vehicle

\_

**General Information of the Accident** 

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JTA116 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

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)

Passenger 1 Name: : SUSANA AMARO

Gender: : Female

Passenger 2 Name: : FILIPA ISABELA SERRAVENTOSO CARIXAS

Gender: : Female

Passenger 3 Name: : RAFAEL FILIPE PEREIRA GUEDES

Gender: : Male

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4629999 - **FAX NO**: 64628933

Was notice of intended Prosecution given?

If Yes,against whom?

NO

Circumstances of Accident REFER THE ATTACHED.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKV9336B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LIONEL GAN HSIEN WEI

NRIC/Passport Number

Contact Number 97866542

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number JTA116

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver ALECXANDIO GMIACCI

NRIC/Passport Number

Contact Number 60137429233

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Sketch Plan**

#### Muhammad Zuhri

From: Oliver Barbagallo (MacCap) <Oliver.Barbagallo@macquarie.com>

 Sent:
 02 December 2019 09:43

 To:
 Muhammad Zuhri

Cc: Bego Singapore Movi Movi

Subject: Incident

#### Hi Muhammad

I am the owner of vehicle SMN5892G and I authorize Begona Hualde to do the reporting of this incident that occured over the weekend.

Many thanks Oliver

This email and any attachment is confidential. If you are not the intended recipient, please delete this message. Macquarie does not guarantee the integrity of any emails or attachments. For important disclosures and information about the incorporation and regulated status of Macquarie Group entities please see: https://apc01.safelinks.protection.outlook.com/?url=www.macquarie.com%2Fdisclosures&data=02%7C01%7C zuhri%40tanchong.com%7C9a8adeb1997148fc5d4708d776c8fae3%7C93580a54037b45e49a81c5499346eccb%7C0%7C0%7C637108477915154794&sdata=pw7%2FHO%2FgXgUiliSpVoeLqul6NE%2BZMoSlwMWDKm3rdfQ%3D&reserved=0

### SKETCH PLAN

#### IMPORTANT NOTICE

Vehicle No: SHN 5

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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
- 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")
- 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:

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

Date & Time:

sophel's Signature Reporting Centre

Name:

NRIC/FIN No.:

	Malaysian Customes Checkpoint,
	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  (A) My Vehicle No. Halays.
	Accident Location: Johan Bahru customs Clackpoint (A) My Vehicle No: Halaysi
	Accident Date: 01/12/2019 Time: 00:15 am/pm me
	Clari
	-Brief Details Of Accident-
	Pls reports Police report date 01/10/2019
	n/ 12.n
	-Other Vehicle Involve Details-
poqB	Veh No: DKY 933(BHp: +6597865 Bax; Driver Name: Lionel Gan Usien We
apqC	Veh No: JA 1/6 Hp: Pax 2 Driver Name: A 6 xandio 641 acci
0	DECLARATION +60137429233  I/We declare the foregoing particulars are true in every respect.
	Ross - Delay total
	Policyholder's Signature Reporting Centre Personnel's Signature
	Policyholder's Signature Date & Time:    Driver's Signature   Reporting Centre Personnel's Signature   Name:   Name:

SKETCH PLAN





1 of 2

Report No. E/20191201/2026

#### POLICE REPORT (NP299)

Police Station Of Origin Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

Date/Time Report Made 01/12/2019 12:22	Vide Report No.		Station Diary No. 36	
Name Of Informant BEGONA HUALDE BILBAO		240 LAUREL WOOD AVENUE #17-00 THE TENERIFFE		
ID Type / ID No. FIN NO / G3249058T	Contact No. Home/Office		Mobile 91464094	
Nationality AUSTRALIAN	Email Add	Email Address		
Occupation Housewife	Sex Female	Age 45	Date of Birth 06/11/1974	Race Caucasian
Institution/School Name	Language English			
Date/Time Of Incident 01/12/2019 00:15	Location Of Incident Johor Bahru customs checkpoint MALAYSIA			

### Brief details.

On the above mentioned date and time, I was driving my car, SMN 5892G (Blue Nissan X-Trail) with 3 other passengers at Johor Bahru customs checkpoint. At that time, the traffic was heavily congested. I was driving on the lane furthest to the left and already in queue to head to the customs booth. There was a Silver coloured Volkswagen car (SKV 9336 B) in front of me at that time and the distance between our cars was small. While my car was stationary, another car on my right had suddenly appeared and slowly inched forward and tried to get into my lane. However, the driver of the said car had bumped softly onto

Signature Of Officer Recording The Report:	Signature Of Informant:
E / SI MOHAMMED NURHAKIM BIN OTHMAN	Bejour uneall
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2019 12:22
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / SI SHAHRUL HADI BIN ROSLI Contact No.: 63914744	Classification Of Case:
Authentication Stamp  SINGAPORE SN 170	
Politeronic	

SIGNATURE





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20191201/2026

my car by accident. The said car's left side and my car's right side front bumpers and our side mirrors had came into contact.

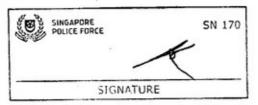
Due to that, I reacted and I accidentally stepped on the accelerator and knocked onto the rear of the Silver Volkswagen in front of me. All 3 drivers then alighted to check for any potential damages to our cars and we communicated too. I realized then that the car on the right that was trying to get into my lane was a Malaysian registered car (JTA 116). The left front bumper of my car was dented and scratched. The left front headlight of my car was also damaged. There were scratches and a dent on the right rear bumper of the Volkswagen car. I could not see if there was any damage to the Malaysian car. No one was injured.

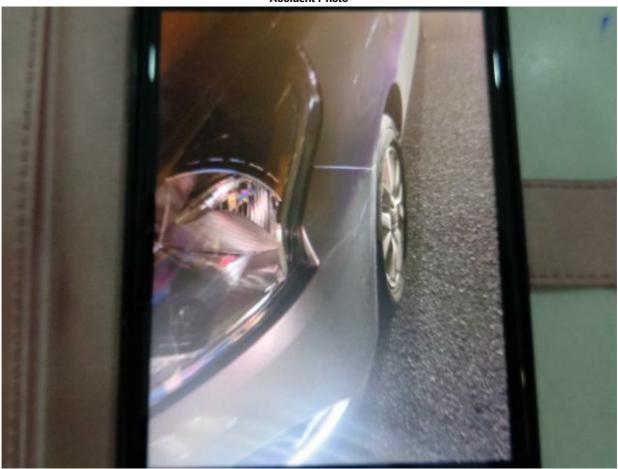
I exchanged particulars with the other 2 drivers and also took some photographs of the damages to my car and the Volkswagen's. Shortly after that, we left."

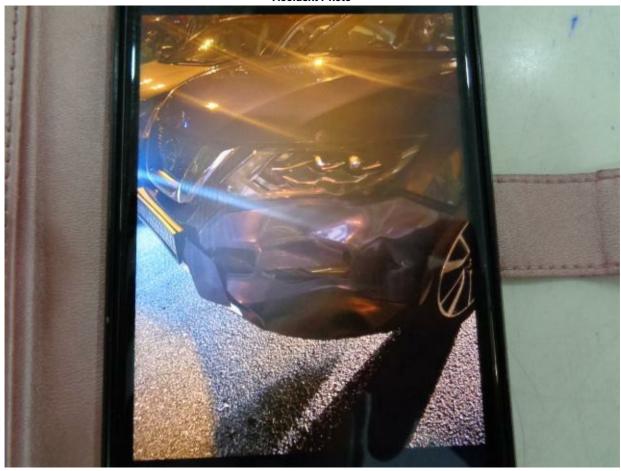
Later on the same day at about 9.57am, I called my insurance company to inform them of the accident. They advised me to file a police report for insurance claim purpose.

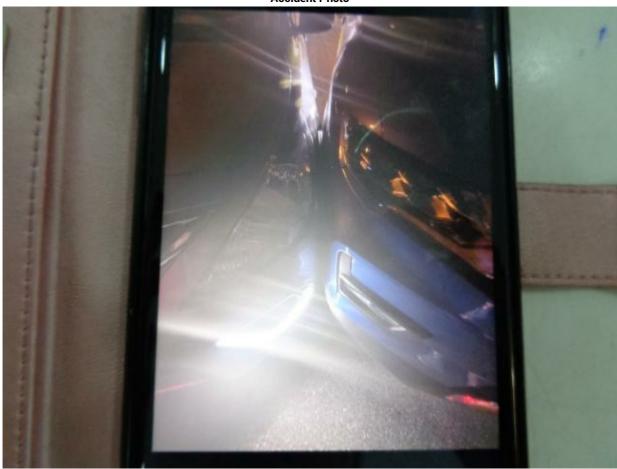
Signature Of Officer Recording The Report:  E / SI MOHAMMED NURHAKIM BIN OTHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2019 12:22
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / SI SHAHRUL HADI BIN ROSLI Contact No.: 63914744	Classification Of Case:

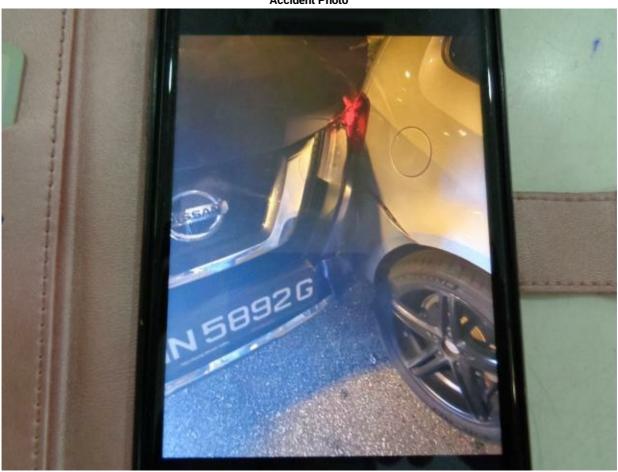
Authentication Stamp

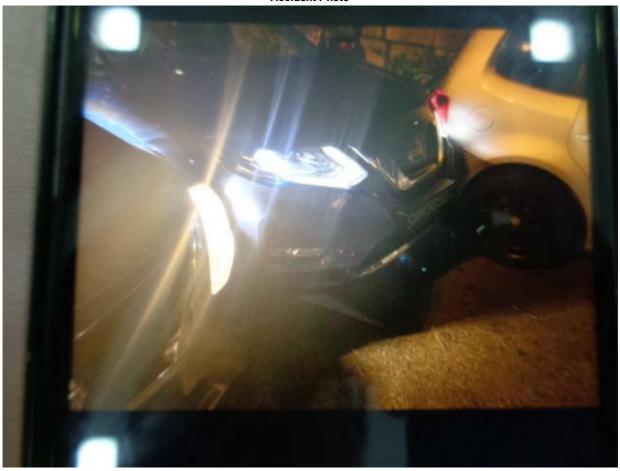












**Accident Photo** 

