

## 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	27/12/2019 15:32
Date Of Accident	14/12/2019 00:00
Exact Location Of Accident	29A HILLVIEW AVENUE (HILLVIEW HEIGHTS CARPARK)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5624U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	GINA.SIM@MODEC.COM
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-64964397

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO PARK
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	SATEESH KUMAR DEV
NRIC No	SXXXX835A
Date Of Birth	23/03/1953
Occupation	INDOOR
Date Of Driving Pass	07/07/1990
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-64964397
Email Address	GINA.SIM@MODEC.COM

Address	29A HILLVIEW AVENUE #10-10
Postcode	669562
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?	NO
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

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT PLAN

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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 the copies of this report will be a fee be made available upon application by interested parties.
7. By the indorsement of this report to the insurers, hereby consent to the archiving of this report at the centre and the copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

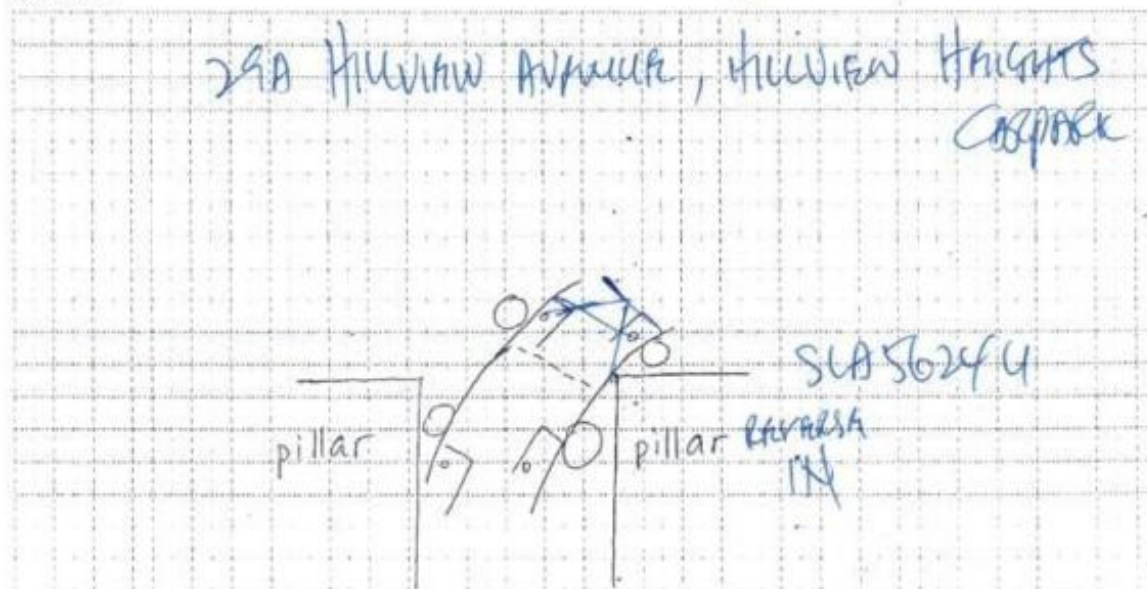
- (a) My insurer, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurers(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurer 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 being 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 insurers(s) who have insured vehicle(s) involved in this accident and the insurer's 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 used outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Block Stamp

  
Driver's Signature (if driver is not the Policyholder) (Date: )  
Date

  
Witness (GIA Reporting Under Insurer)

Sketch Plan



## Accident Sketch Plan

Describe Circumstance of the Accident \*

On Saturday 14<sup>th</sup> December, I tried to park in the only available slot at Hillview heights. The time was around midnight. After parking in the slot, I realised that the space on my right was not sufficient for the door to open. The space on my left was very close to a pillar. I was not comfortable leaving the car in this manner, so I decided to move to the slots at the road level. While doing so, I came out of the slot & turned left. In this process, I ~~passed~~ grazed the pillar on the left side. The damage was near the rear ~~wheel~~ wheel of the car.

Declaration

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

  
Policyholder's Signature / 

\*   
Driver's Signature (Driver is not the Policyholder) Date & Time  
20 DEC 2019

  
Witnessed by Reporting Centre Personnel

# Accident Photo



gaw 2/11/2019

<https://mail.google.com/mail/u/0/#inbox/FMfcgwGCDvIBGgskdZsHTvTzRqDpMW/?projector=1&messagePartId=0.5>

1/2

## Accident Photo

12/29/2018

20191216\_050845\_rawend.jpg



car 27/12/2018

<https://mail.google.com/mail/u/0/#inbox/FMfcjxwGCCvBGgikdZshTvtTzRqDpMW?projector=1&messagePartId=0.7>

1/2



## Accident Photo

12/26/2019

20191216\_090833\_resized.jpg



*2/12/2020*

<https://mail.google.com/mail/u/0/#inbox/FMkgwGCCvIBGqksZzHTyTzRqDpMW?projector=1&messagePartId=0.6>

1/2

## Accident Photo

12/26/2019

20191216\_003855\_resized.jpg



OK 27/12/2019  
Ba

<https://mail.google.com/mail/u/0/#inbox/FMfcpxQCQvIBGqpkdZsHTvTzRqOpMw7projector=1&messagePartId=0.8>

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Accident Photo



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