

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	31/01/2020 17:13
Date Of Accident	23/12/2019 18:00
Exact Location Of Accident	ALONG HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB466L
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Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	NATH.JOBORG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98230558
Alternative Phone No	OFFICE-98230558

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
Exact Purpose for which vehicle was being used at time of accident	WAS TAKING MY CHILD TO SEE DOCTOR
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	TALON EP CAGNAT NATALIE JEANNE ALINE
Passport No/FIN	GXXXX263P
Date Of Birth	07/05/1967
Occupation	INDOOR
Date Of Driving Pass	12/02/1987
Driving Experience	32 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98230558
Fax Number	
Contact Number	OTHERS-98230558
Email Address	NATH.JOBORG@GMAIL.COM

Address	23 LIM TAI SEE WALK
Postcode	267791
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	COLLISION - HEAD TO REAR
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	SMJ3355A
Vehicle Make/Model/Colour	TOYOTA C-HR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

1. Please report urgently the subject of the incident reported on this form to your:
2. The Report will be submitted to the Police holder and/or the Authorised Person.
3. Information provided must be as detailed and as accurate as possible. Any initial misapprehensions or a lack of understanding of the incident may result in subsequent complications to submitting police liability.
4. The view and experience of the Reporter may assist in helping to find an additional top-up witness on the night time incident in question.
5. Any late reporting may be referred to the Traffic Police Department for investigation.
6. The report will be forwarded by the reporter to the Traffic Police Department by 1400 hours on the day following the incident. At no point will the reporter be asked to sign and complete the report prior to the incident having been investigated by the police.
7. By the submission of this report, the reporter is committing to the accuracy of the report and the content of the report and the content of the report being made available for use.
8. Consent under the Personal Data Protection Act (PDPA)



U.S. & Foreign

A: my car

B: the other car
SMJ 3355A

Perice Rd

Holland
Road

② traffic light

Accident Sketch Plan

I was stopped waiting for the green traffic light.

My foot slipped from the pedal.

I touched slowly the front car.

Nobody was hurt, both cars were with no damages at all.

That's why I did not claim to insurance and went to the police to report.

Waste of police and insurance time.

Declaration

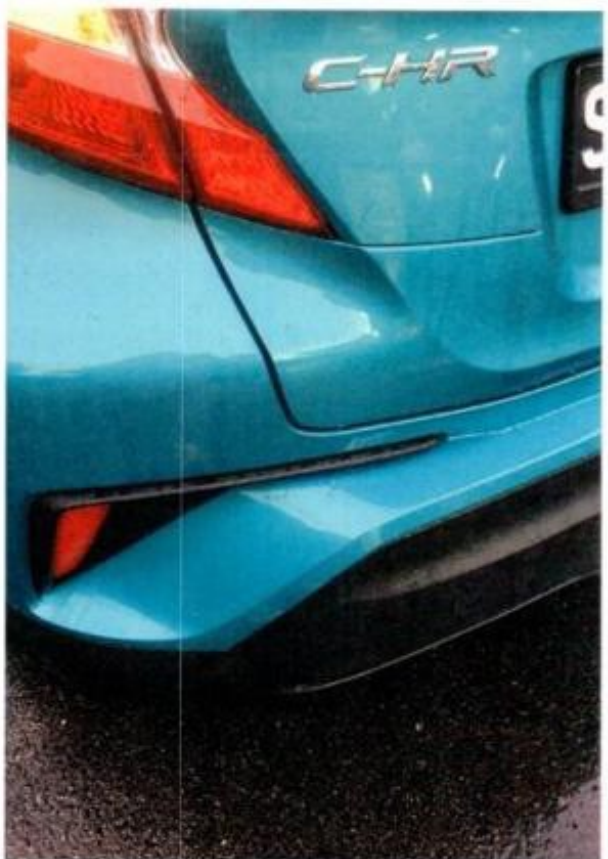
I declare that the above is true and correct.



[Signature]
22 Jan. 20

[Signature] 03/02/2020

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
5 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : PNAY20014229 Vehicle Registration No: SLB 466L
Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98230558
Email Address : _____
Date of Accident : _____ Time of Accident : 1800
Place of Accident : Along Highway Road
Insurance Company : Mei

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Transfer Vehicle Number to SLB 466L

Policyholder / Driver's Signature
Date:

03/02/2020
Reporting Centre Personnel's Signature
Name: Patricia Lim
NRIC/FIN No.:
Date: