(Draft)

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 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 to 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	12/03/2020 14:26
Date Of Accident	11/03/2020 21:10
Exact Location Of Accident	ALONG GEYLANG ROAD TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1056U

Insured/Policyholder

Name Of Registered Owner	COSMO AUTOMOBLIES RENTAL PTE LTD
Co Reg No	2XXXXXX129m
Email Address	ANDREW@COSMOAUTOMOBILES.COM.SG
Mobile Phone No	
Alternative Phone No	Office-90990920

Vehicle Particulars

Manufacturer	OPEL
Model	INSIGNIA GRAND SPORT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M0015306
Cover Note Number	

Driver

Name of Driver	RICK TAN CHEE KAI
NRIC No	SXXXX050H
Date Of Birth	27/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	10/08/1993
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81942721
Fax Number	
Contact Number	

EMail Address	NOEMAIL
Address	BLK 210C PUNGGOL PLACE #11-1234
Postcode	823210
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 - CHANGE/CROSS LANE
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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	2
Passenger 1	Name: : GRAB PASSENGER Gender: : Male

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?	YES
Was there any audio recorded?	NO

Details of Witness 1

Name	PHONE
Phone Number	82985400
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG875G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

RED LIGHT | SHELL | GEYLANG ROAD

CAR A - SMP1056U

CAR B - GBG875G
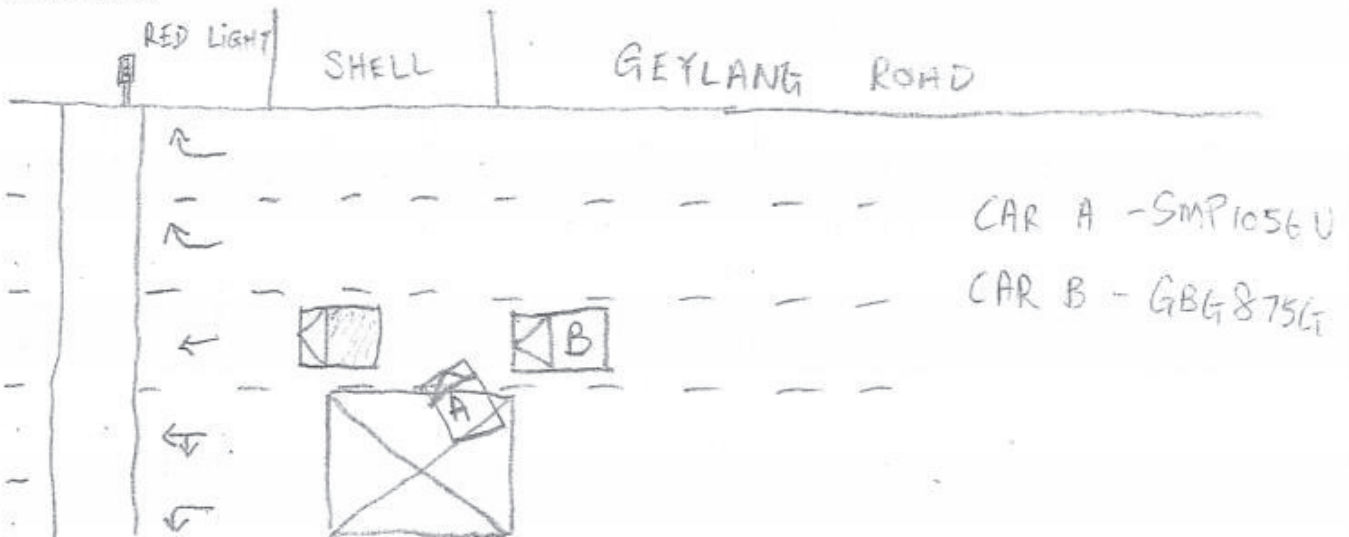
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i was travelling along GEYLANG ROAD. AFTER checking

Clear as i intend to keep to the center lane Car B

B Leave a Car Lenght Distance. I check clear and

stop in the gap as the traffic light is Red and

all car is stationary. Upon turning g traffic light turning

green my car move off and to my suprise the car

B accelerate and hit my right front side. In just split

Seconds two guys claiming that they working at workshop

approached me asking whether I went to make a claim.

No injuries at the point of time.

My Passenger can be my witness

82985400

(Name: Phone)

DECLARATION

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

Policyholder's Signature

Date & Time:

11 MAR 2020

COSMO AUTOMOBILES RENTAL PTE LTD

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1 MAR 2020

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

SKETCH PLAN

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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:
14.26hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time:
14.26hrs

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