

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	20/04/2020 15:31
Date Of Accident	18/04/2020 10:15
Exact Location Of Accident	MARINA BOULEVARD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9224E
Insured/Policyholder	
Name Of Registered Owner	PREMIUM LEASING PTE LTD
Co Reg No	2XXXXX676M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91895414
Alternative Phone No	OFFICE-91895414

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 SPORT 2.0 TFSI QU
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

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

Driver

Name of Driver	SYLVIO DE ANDRADE COUTINHO
Passport No/FIN	GXXXX054X
Date Of Birth	05/06/1979
Occupation	INDOOR
Date Of Driving Pass	11/07/1997
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91895414
Fax Number	
Contact Number	
EEmail Address	SYLCOUT@GMAIL.COM

Address	82 GRANGE ROAD #02-01
Postcode	249587
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)	5
Passenger 1	NAME: : SYLIO GENDER: : MALE
Passenger 2	NAME: : CATARINA GENDER: : FEMALE
Passenger 3	NAME: : ELISA GENDER: : FEMALE
Passenger 4	NAME: : SYLVIO FILHO GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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:

20/04/2020
14:10hrs



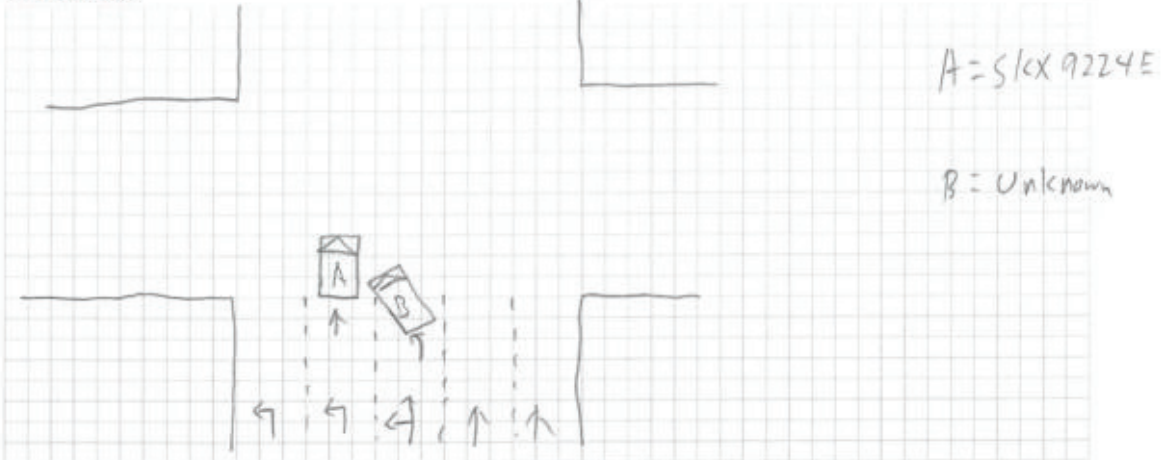
Reporting Centre Personnel's Signature

Name: Tony Fong

NRIC/FIN No.: L2040674

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to the Police Report

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

20/04/2020
14.45 hrs

Reporting Centre Personnel's Signature

Name: *Gay Fong*

NRIC/FIN No.: *620401978*



Police Report



**SINGAPORE
POLICE FORCE**



T/20200415/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408065
Tel No: 65470000

1 of 3
Report No: T/20200415/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2020 17:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SYLVIO DE ANDRADE COUTINHO			Address: APT BLK 6 TAI THONG CRESCENT #03-04 THE VENUE RESIDENCES SINGAPORE 347840		
ID Type / ID No.: FIN NO / G3813054X			Contact No.: Home/Office: Mobile: 91895414		
Nationality: BRAZILIAN			Email: sylvio@taskrc.com		
Sex: Male	Age: 40	Date of Birth: 05/06/1979	Type of Informant: Driver		
Race: Others			Language: English		Institution / School Name:
Occupation: Chief operating officer/General Manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/04/2020 10:20	Type of Location: Band
Location: MARINA BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKX9224E	Car	AUDI	A5	Black	Slightly Damaged	5

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T120200418/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408985
Tel No: 65470000

2 of 3

Report No. T120200418/7008

CONTINUATION OF REPORT

Driver			
Name	SYLVIO DE ANDRADE COUTINHO	ID No.	G3813054X
Related Vehicle	SKX9224E (Car)	Contact No.	91895414
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

The traffic light turned green. I was supposed to turn left but I mistook the way and went straight. I was on the second lane (meant to turn left) the other vehicle was on the third lane that could either turn left or go strait. I was the wrong one.

After the accident I drove a little further to get away from the lane and stopped the car on the left side after the junction. But the other vehicle turned left and we couldn't get each others information. It was a white Cayenne.

Police Report



**SINGAPORE
POLICE FORCE**



T/2020/0416/7000

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/2020/0416/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP/B /
NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP163

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
18/04/2020 17:01

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



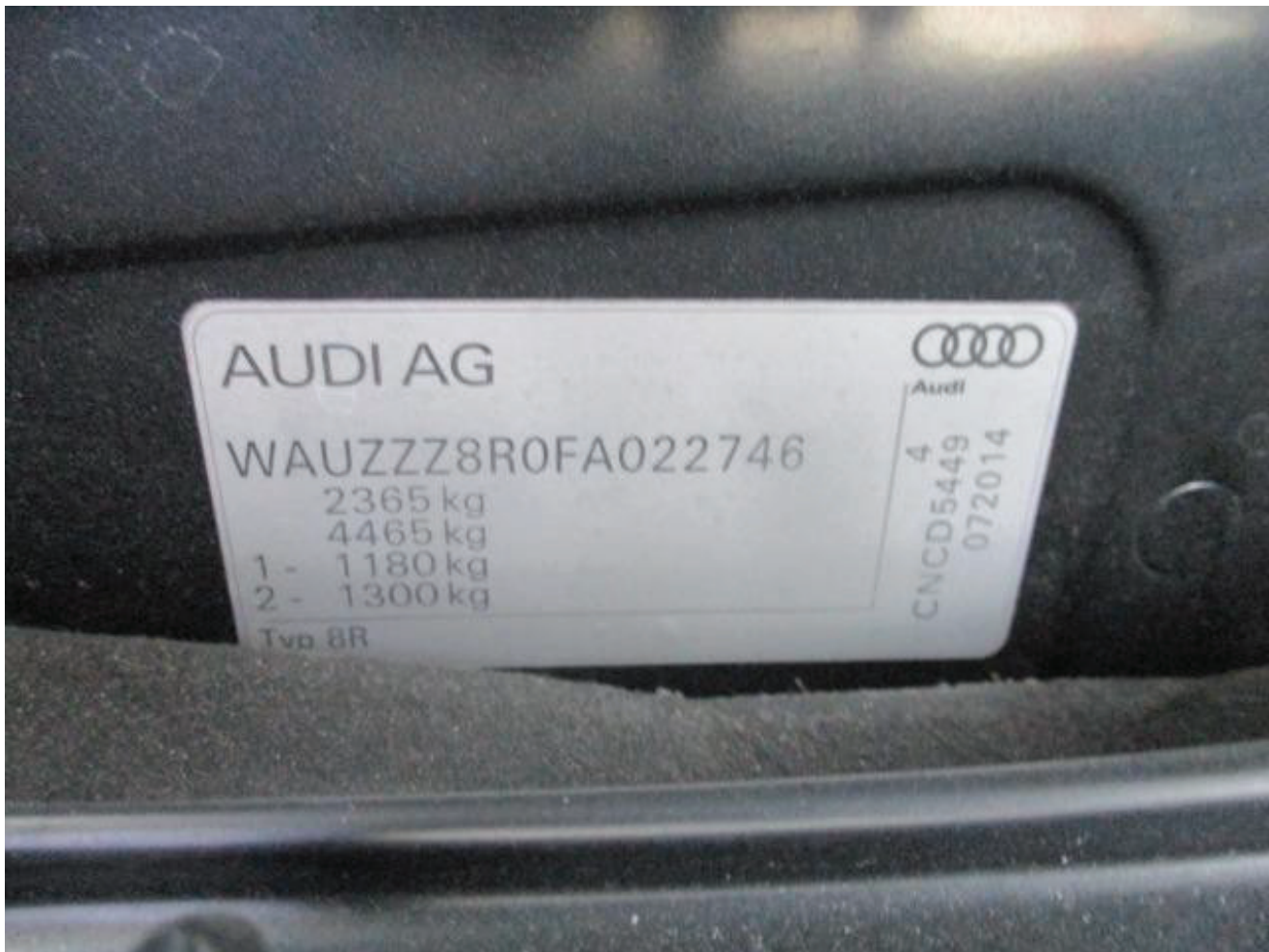
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 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 : MPA120042838 Vehicle Registration No: SKX9224E
Name (as shown in NRIC) : Premium Leasing Pte Ltd NRIC/FIN/Passport No : GXXXX054X
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 91895414
Email Address : SYLCOUT@GMAIL.COM
Date of Accident : 18/04/2020 Time of Accident : 10:15
Place of Accident : MARINA BOULEVARD JUNCTION
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

(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:

Convert report from OD to reporting only.

Policyholder / Driver's Signature
Date: _____



Reporting Centre Personnel's Signature
Name: Tony Fung
NRIC/FIN No.: _____
Date: 8/6/20

