

SINGAPORE ACCIDENT STATEMENT

Adnan - LKE
C7R - NPL

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 Submission	28/12/2020 14:10 (SGT)
Date of Accident	23/12/2020 11:00 (SGT)
Exact Location of Accident	Singapore, #03-49SG 290 Orchard Singapore Paragon 238859
Additional Location Information	BASEMENT MSCP OF ORCHARD PARAGON SHOPPING MALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC246L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIZLINK RENT-A-CAR PTE LTD
Company Reg No	2XXXXX911Z
Email Address	raymond@bizlinkgroup.com.sg
Mobile Phone No	(Phone) +65-96907548
Alternative Phone No	+65-96907548

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	999993796
Cover Note Number	-

DRIVER

Name of Driver	HUSTLER SALLY ANNE
Passport No/FIN	GXXXX230R
Date Of Birth	25/12/1980
Occupation	Indoor

Date Of Driving Pass	08/09/2020
Driving experience	3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88700268
Alt. Phone Number	-
Email Address	mclurehustler@gmail.com
Address	276 OCEAN DRIVE #01-29
Address complement	-
Postcode	098449
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I SAW AN EMPTY CARPARK AND PULLED IN FRONT IN ORDER TO POSITION MY VEHICLE TO REVERSE INTO THE SLOT. AS I WAS STATIONARY AND CHANGING GEAR INTO REVERSE, THE WHITE VAN THAT WAS DOUBLE PARKED AGAINST THE WALL REVERSED INTO MY STATIONRY VEHICLE. I FELT A SMALL IMPACT. I IMMEDIATELY GOT OUT OF MY VEHICLE AND NOTICED DAMAGES TO THE RH REAR SIDE OF MY VEHICLE. I EXCHANGED DETAILS WITH THE DRIVER OF THE WHITE VAN. (REVERSING OF VEHICLE)

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	GBF6275D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-


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:


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


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

I authorized SME to email the GIA report to New Hock Teck motel, pro Hel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I saw an empty car park and pulled in front in order to position my vehicle to reverse into the slot.

As I was stationary and changing gear into reverse, the white van that was double parked against the wall reversed into my stationary vehicle.

I felt a small impact. I immediately got out of my vehicle and noticed damage to the RH rear side of my vehicle.


I exchanged details with the driver of the white van.

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:

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