

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 Submission 06/05/2021 15:58 (SGT)
Date of Accident 26/04/2021 18:15 (SGT)
Exact Location of Accident 2 Mackenzie Rd, Singapore 228673
Additional Location Information MACKENZIE RD OUTSIDE MACK PARKING
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA6127G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BKW RENT A CAR PTE LTD
Company Reg No 200106276D
Email Address KENNETH.TAN@BKW.SG
Mobile Phone No (Phone) +65-97868677
Alternative Phone No (Office) +65-97868677

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1590

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 999993729
Cover Note Number -

DRIVER

Name of Driver ANAND PEREIRA
NRIC No S1811920Z

Date Of Birth	17/07/1967
Occupation	Indoor
Date Of Driving Pass	02/11/2006
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97868677
Alt. Phone Number	-
Email Address	KENNETH.TAN@BKW.SG
Address	120 LOWER DELTA ROAD #02-15 CENDEX CENTRE
Address complement	-
Postcode	SINGAPORE 169208
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	Side Swipe
Weather Conditions	Clear
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHANTHI D/O VEERASWAMY
Gender	Female

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

PLEASE REFER TO THE ATTACHED

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	SHD5177A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi


Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

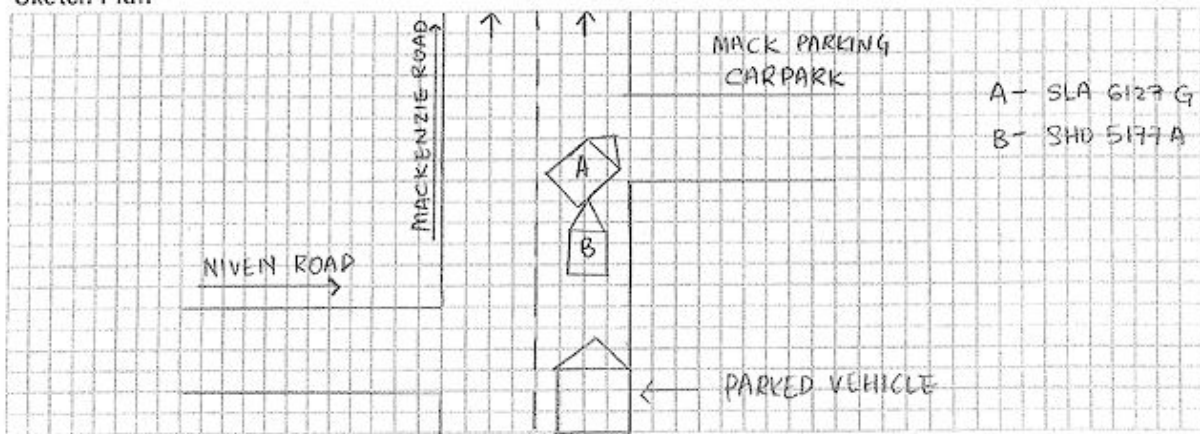
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

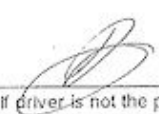
WAS ABOUT 6:15PM ON 26.4.21, WHEN WE MADE A LEFT TURN AT NIVEN ROAD. WE WERE TURNING INTO A CLEAR MACKENZIE ROAD. MACKENZIE ROAD IS ONE WAY ROUTE WITH TWO LANES. WE MOVED INTO THE LEFT LANE AND MADE A SLOW MOVE TO THE RIGHT, ONCE ENSURING THERE IS NO ON-COMING VEHICLE. WE WERE TURNING RIGHT TO ENTER THE CARPARK. OUT OF NOWHERE A RED TRANS CAB RAMPED INTO THE RIGHT-REAR TYRE OF OUR VEHICLE. THE DRIVER HONKED HIS VEHICLE AFTER HITTING INTO OUR CAR.

WE BELIEVE HE MUST HAVE TRAVELLED IN HIGH SPEED, AS THE ROAD WAS CLEAR AS WE MADE THE MOVE TO TURN RIGHT INTO THE CARPARK. THERE WAS ONLY A PARKED VEHICLE ON THE RIGHT LANE. TAXI DRIVER CLAIMED HE WAS IN A HURRY AS HE WAS ON CALL. WE ONLY NOTICE A DAMAGE TO HIS VEHICLE'S LEFT FRONT BUMPER CLIP.

Declaration

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

Witnessed by Reporting Centre Personnel

















