

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 Actual 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 13/12/2022 14:34 (SGT)
Reported by Both
Date of Accident 13/12/2022 13:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information CARPARK BLOCK 77 MARINE DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU4656D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MARISA LI-LIN HALL
NRIC No S7971302C
Email Address marisa.hall@gmail.com
Mobile Phone No (Phone) +65-97359946
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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 1200

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 1700084904-05

DRIVER

Name of Driver MARISA LI-LIN HALL
NRIC No S7971302C
Date Of Birth 11/08/1979
Occupation Indoor

Date Of Driving Pass	25/09/2002
Driving experience	20 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97359946
Alt. Phone Number	-
Email Address	marisa.hall@gmail.com
Address	1 JALAN KEMBANGAN
Address complement	#01-05 THE TRUMPS
Postcode	419154
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Major/Minor Rd
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 vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

SEE ATTACHED SKETCH PLAN AND PHOTO

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ3285Z
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	NOO KING CHOON
NRIC No	S2504779F

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
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.

[Signature]

Policyholder's Signature / Date & Time

13/12/2022 14:18

Sketch Plan

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

ACCIDENT INVESTIGATION INDUSTRIAL PTE LTD
19 URI ROAD 4
SINGAPORE 408673
TEL: 90 9656 FAX: 6846 7483

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

[Signature]
ELM ET ALFORD
GKXX824L

A - SLA4656D
B - GBJ3285Z

Describe Circumstance of the Accident

I had just dropped off my daughter and pulled into the handicapped lot for her to get out. Once she got out, I checked that the road was clear and started to reverse. There was a "bang" and my bike rack on the back of the car, was touching the side of the grey van. Both myself and the van driver got out of the car and he said that he was reversing too. We took pictures of the incident, and exchanged details as my bike rack was broken and his side door was dented from the bike rack.

Declaration

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


Policyholder's Signature / Date & Time

13/12/2022 14:18

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

EVOLUTION INDUSTRIAL PTE LTD
81181 ROAD 4
SINGAPORE 408623
TEL: 6846 7483 FAX: 6846 7483

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)


ETHEL AIFONSO
GXXXX 8242





















Type FEAJ11 Colour, Trim KYOG
Model FRLARDWJ11USA--A--

NISSAN
SJNFEAJ11U2067226
1790 kg
2790 kg
1- 965 kg
2- 875 kg

TIRE PRESSURE
PRESIÓN DEL NEUMÁTICO
TABELA DE PRESSÃO DOS PNEUS

















