

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 ability.
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 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	30/10/2017 15:54
Date Of Accident	27/10/2017 09:00
Exact Location Of Accident	ALONG 276 OCEAN DRIVE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ5064L
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Insured/Policyholder

Name Of Registered Owner	NIELS RIGAULT
NRIC No	G3300386U
Email Address	NIELS.RIGAULT@BWLPG.COM
Mobile Phone No	(LOCAL) +65-96647609
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SANTA FE-2.7 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00353428
Cover Note Number	

Driver

Name of Driver	RIGAULT KAROLINE RIIS
NRIC No	G3335067N
Date Of Birth	11/11/1980
Occupation	INDOOR
Date Of Driving Pass	11/11/1998
Driving Experience	18 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96431029
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NIELS.RIGAULT@BWLPG.COM

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident FIRE, EXPLOSION OR LIGHTNING
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? NO
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 0

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

refer to sketch

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

Sketch Plan Pg. 1

SKETCH PLAN

VEHICLE NO: SJJ5064L
ACCIDENT DATE: 27/10/17.

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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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature
Date & Time:

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

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

SKETCH ^{FIN}

Empty rectangular box for sketching.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

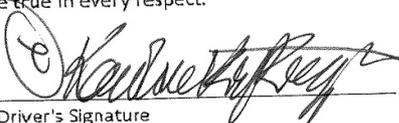
The concierge at the Coast, where we live, called us to tell ~~there~~ smoke came out of the car. At the time we were out of the city, so we did not see the accident. ~~At the time we were out of the city, so we did not see the accident.~~

OWN DAMAGE 3RD PARTY CLAIM REPORTING ONLY OWN WORKSHOP

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:


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



FØRERKORT FØRARKORT

NORGE
NOREG



- 1. RIGAULT
- 2. KAROLINE RIIS
- 3. 11.11.1980
- 4a. 22.05.2014 4c. STATENS VEGVESEN
- 4b. 21.05.2029 4d. 1111B0 40297
- 5. 06 14 009204 3
- 7. *Karoline Riis*

9. AM B S T

REPUBLIC OF SINGAPORE

FIN G3335067N



Name
RIGAULT KAROLINE RIIS

Date of Birth 11-11-1980 Sex F

Nationality
NORWEGIAN



13.



006140092043

	9.	10.	11.	12.
AM	9/6	01.01.03	21.05.29	
A1	9/6			
A2	9/6			
A	9/6			
B1	9/6			
B	9/6	11.11.98	21.05.29	
C1	9/6			
C	9/6			
D1	9/6			
D	9/6			
BE	9/6			
C1E	9/6			
CE	9/6			
D1E	9/6			
DE	9/6			
S	9/6	11.11.98	21.05.29	
T	9/6	11.11.98	21.05.29	142

12.

31,152

FA1798115

DEPENDANT'S PASS
Immigration Regulations



FIN G3335067N

MULTIPLE JOURNEY VISA ISSUED

Date of Issue 06-01-2017 Date of Expiry 14-09-2018



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



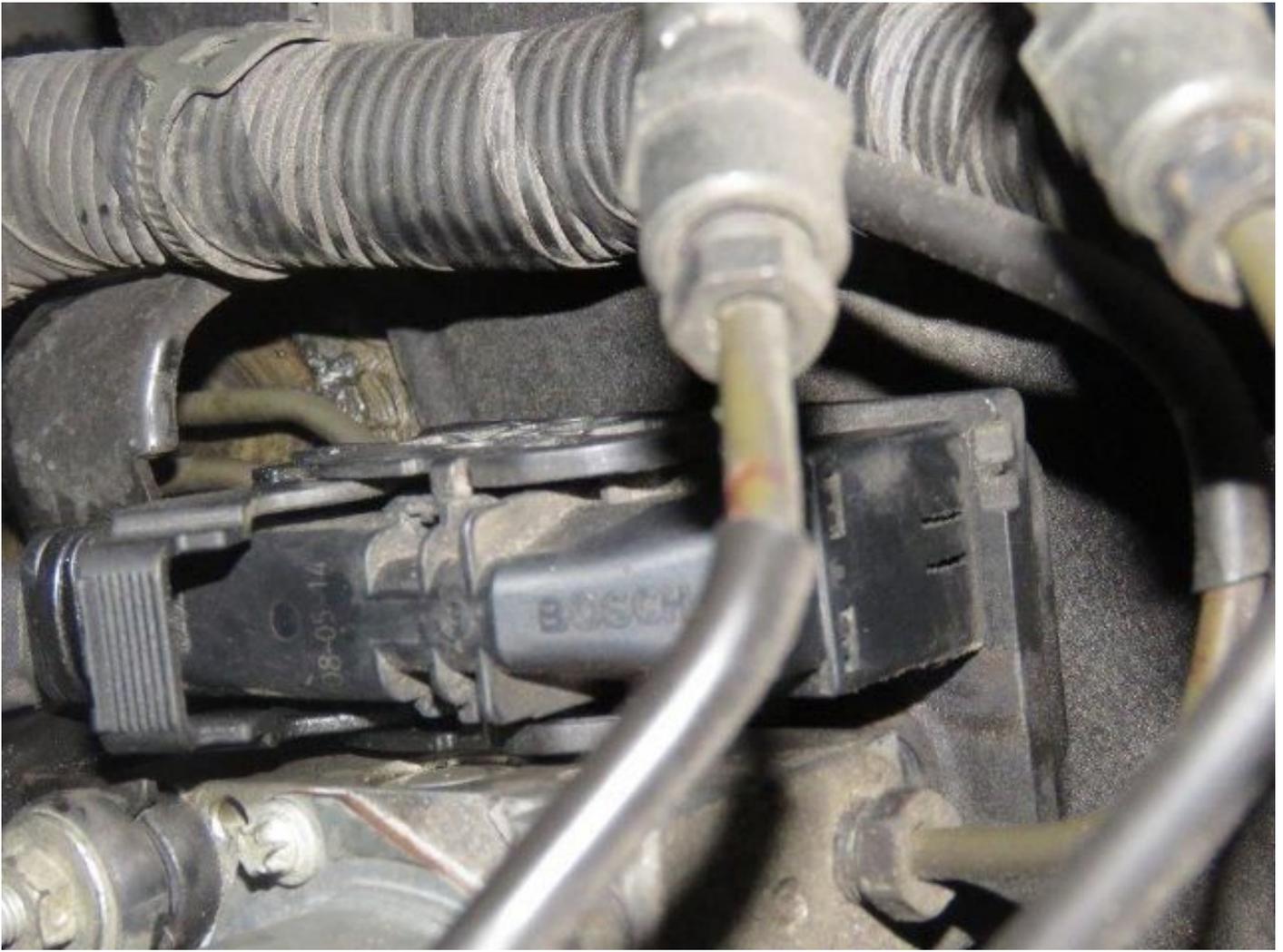
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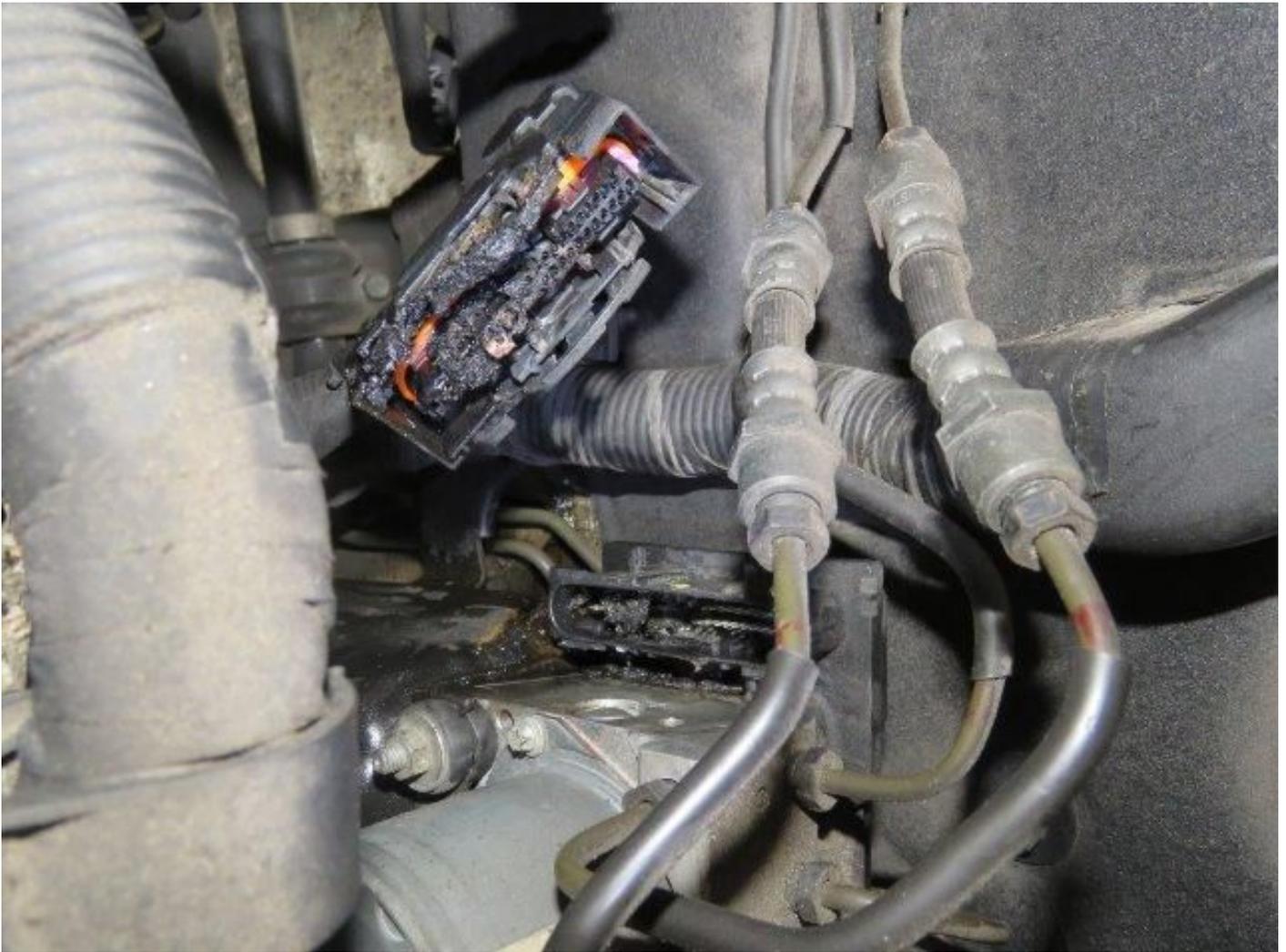
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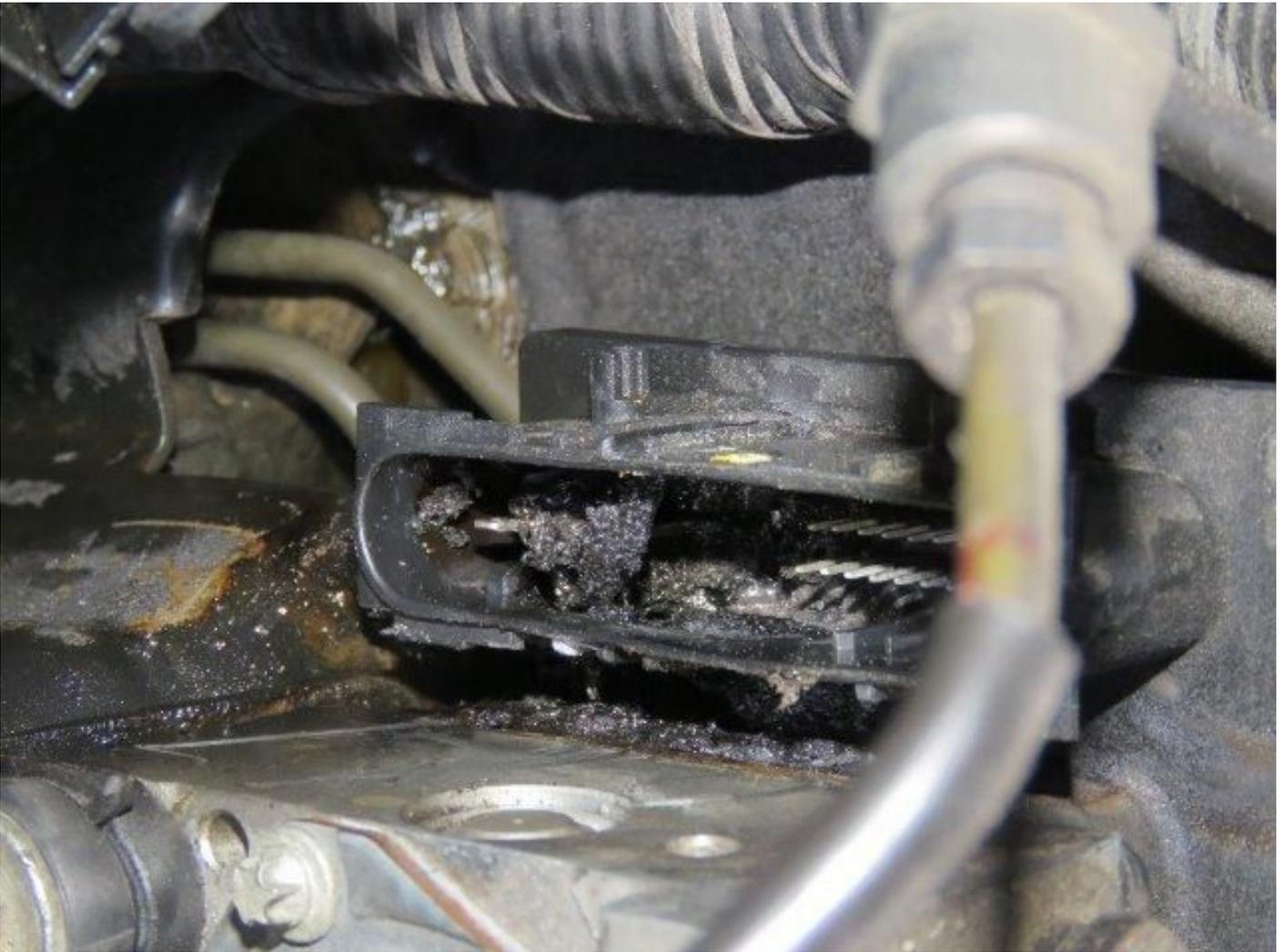
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