

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	11/11/2017 10:20
Date Of Accident	10/11/2017 18:55
Exact Location Of Accident	CHANGI NORTH CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP303T
Insured/Policyholder	
Name Of Registered Owner	ADRIAN MAHENDRAN RAJA
NRIC No	S7107388B
Email Address	AFGAS100@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98479420
Alternative Phone No	OTHERS-98479420

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF-2.2 D TD14 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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/00359410
Cover Note Number	

Driver

Name of Driver	ADRIAN MAHENDRAN RAJA
NRIC No	S7107388B
Date Of Birth	27/02/1971
Occupation	INDOOR
Date Of Driving Pass	10/04/1989
Driving Experience	28 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98479420
Fax Number	
Contact Number	OTHERS-98479420
EMail Address	AFGAS100@GMAIL.COM

Address 162 MARIAM WAY #06-01
SINGAPORE

Postcode 507085

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -

Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? YES

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) 2

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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA1639B

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver TAN NGAK LIANG

NRIC/Passport Number S0092660D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name CONNIE OH MEI JUNE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SBP303T

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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:

11/11/17
nam

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

petwan

Sketch Plan #2

SKETCH PLAN

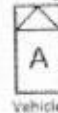


Vehicle No

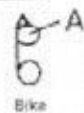
A - SBP303T

B - SHA1639B

Legend



Vehicle



Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILE STOPPED FOR A PEDESTRIAN TRAFFIC
LIGHT CROSSING AFTER MAKING A RIGHT TURN
A NTUC COMFORT TAXI BEHIND ME FAILED TO
STOP AND KNOCKED INTO THE REAR OF
MY STATIONARY CAR.
MY WIFE WHO WAS IN THE CAR WITH ME
HAD COMPLAINED ABOUT SILENT DISCOMFORT IN
HER SHOULDER AND NECK AREA A FEW
HOURS AFTER THE ACCIDENT. A

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the
stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

11/10/17 10:00am

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/IN No.: