

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	03/01/2018 17:08
Date Of Accident	03/01/2018 07:50
Exact Location Of Accident	AT TRAFFIC JUNCTION OF SOON LEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBY1379X
Insured/Policyholder	
Name Of Registered Owner	MARGARET MARY DORAI
NRIC No	S1754753D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97823085
Alternative Phone No	OTHERS-97823085

Vehicle Particulars

Manufacturer	CHEVROLET
Model	OPTRA-1.6 (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/00318138/01
Cover Note Number	

Driver

Name of Driver	MARGARET MARY DORAI
NRIC No	S1754753D
Date Of Birth	03/09/1966
Occupation	INDOOR
Date Of Driving Pass	19/08/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97823085
Fax Number	
Contact Number	OTHERS-97823085
Email Address	NOEMAIL

Address	BLK 316 JURONG EAST ST 32 #02-279
Postcode	600316
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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

KINDLY REFER TO SKETCH PLAN.

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	FU4393H
Vehicle Make/Model/Colour	MOTOR CYCLE
Details Of Properties	
Vehicle Category	
Name of Driver	MOHAMMAD ASRI BIN JAMHAR
NRIC/Passport Number	S8022441I
Contact Number	98621324
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GU4150E
Vehicle Make/Model/Colour	NISSAN LORRY

Details Of Properties

Vehicle Category

Name of Driver

MANIKAM AROCKIASAMY

NRIC/Passport Number

G5201067K

Contact Number

86160246 (BOSS) 81265227

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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B. 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:

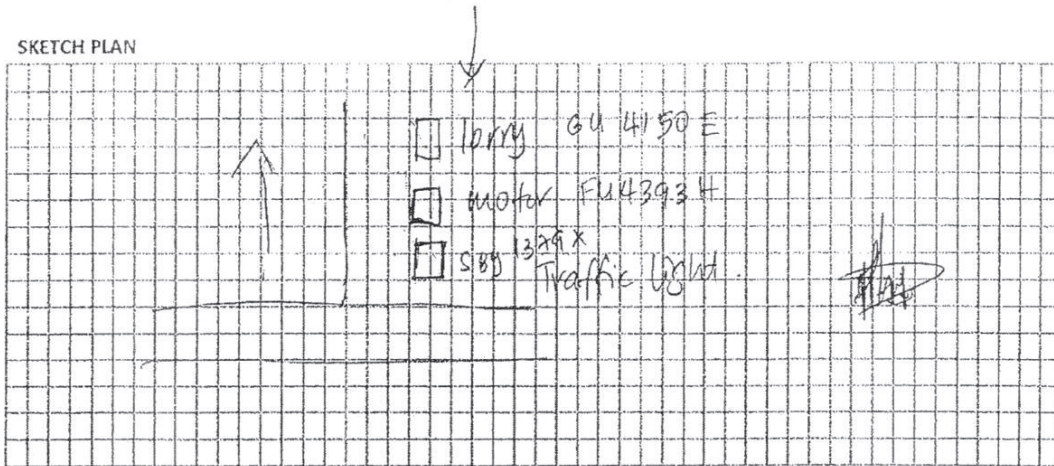
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3rd January 2018 at about 7.50am I was at a traffic light at Soon Lee Road and my car was at a stationary position. Suddenly, I felt my car move and a loud bang from behind, and my car was hit by a motorcycle number FU 4393 H. I got out of the car and found that the motor was hit by a lorry GU 4150 E belong to company Cethron Pte Ltd. I then took down the details of both the vehicles and took pictures as well. I had no injuries.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- | | |
|---|----------------------------------|
| | - Reporting Only |
| | - Claim OD |
| ✓ | - Claim TP |
| | - Claim OD/ TP at other workshop |

DECLARATION

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

Policyholder's signature
Date & Time

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

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
138 Robinson Road #07-09
The Corporate Office
Singapore 068906
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS

Original Report No: MOR118001603 Vehicle Registration No: SBY1379X
Name(as shown in NRIC): MARGARET MARY DORAI
(*Vehicle Driver/Vehicle Owner) (*)Please delete as appropriate
NRIC/Passport No: 51754753D
Address: _____
Contact (Tel): _____ (H/P): 97823085
(Email): _____
Date Of Accident: 03/01/2017 Time Of Accident: 07:50
Place Of Accident: AT TRAFFIC JUNCTION OF SOON LEE ROAD
Insurance Company: DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:-

AMEND ON THE DATE OF ACCIDENT FROM 03/01/2017 TO 03/01/2018.



SIGNATURE OF VEHICLE OWNER/DRIVER

DATE: 03/01/2018