Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 21/03/2018 17:30

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 witholding 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 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	21/03/2018 16:28
Date Of Accident	17/03/2018 12:30
Exact Location Of Accident	AROUND HOLLAND VILLAGE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG9023H
Insured/Policyholder	
Name Of Registered Owner	VIRGINIE MARIE ODETTE ROSE EP LEGRAND
Passport No/FIN	G3276683N
Email Address	VIRGINIEROSE.LEGRAND@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94837031
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	FIAT
Model	500 BY GUCCI CONVERTIBLE 1.4 SMT 16V
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA160466/1
Cover Note Number	
Driver	
Name of Driver	VIRGINIE MARIE ODETTE ROSE EP LEGRAND
Passport No/FIN	G3276683N
Date Of Birth	26/04/1972
Occupation	INDOOR
Date Of Driving Pass	11/10/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94837031
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	VIRGINIEROSE.LEGRAND@GMAIL.COM

Address	CAPELLA HOTEL, 1 THE KNOLLS DUPLEX 2 SENTOSA, THE CLUB RESIDENCES
Postcode	098297
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : VINCENT LEGRAND GENDER: : MALE

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL9975X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VIVIAN CHEN
NRIC/Passport Number	
Contact Number	91469032
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

VEHICLE NO: SKG 9023H
ACCIDENT DATE: 17/03/18

IMPORTANT NOTICE

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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.
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7. By the lodgment 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.
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.

(1)

Policyholder's Signature Date & Time: 21/03/18	Driver's Signature (If driver is not the policyholder) Date & Time:	CHARN'S CUSTOMCRAFT Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

SJL9975X

SKE9023H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Saturday the 17th of march 2018 at about 12:30 pm I hit the car in front of me at less than 20 km per hour because the road was very congested

the woman told me that she had the same accident as well with another driver a few days ago.

Details of the other car

SJL 9975X

Vivian Chan

Sorry my son was sick on monday and then had an exam on Tuesday it's why I'm reporting only today

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:
21/03/18.

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

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

REPUBLIC OF SINGAPORE

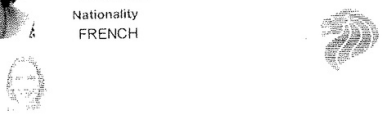
FIN G3276683N

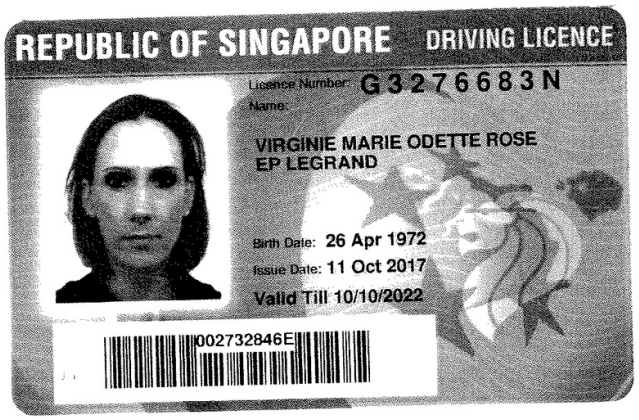
Name
VIRGINIE MARIE ODETTE ROSE EP LEGRAND

Date of Birth
26-04-1972

Sex
F

Nationality
FRENCH





the Clus residences

Capella Hotel
1 the knolls
Duplex 2
Sentosa
098297

FA1771980

DEPENDANT'S PASS
Immigration Regulations

FIN G3276683N

MULTIPLE JOURNEY VISA ISSUED

Date of Issue
27-09-2016

Date of Expiry
18-05-2018

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

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	11 Oct 2017

NP 428A

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo