## 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.

| <ol><li>By the lodgement of this report to the insurers, you<br/>aforesaid.</li></ol> | u hereby consent to the archiving of this report at the centre and to copies of the report being made available |
|---|---|
|   | ACCIDENT STATEMENT  |
| Date Of Report  | 17/05/2018 15:07  |
| Date Of Accident  | 17/05/2018 11:40  |
| Exact Location Of Accident  | 56 TANGLIN ROAD (S) 247964  |
| Country/State of Loss   | SINGAPORE   |
| DETAILS OF OWN VEHICLE  |   |
| Vehicle Registration Number   | SKL3125K  |
| Insured/Policyholder  |   |
| Name Of Registered Owner  | HARRIS ADRIAN JAMES   |
| NRIC No   | G5372525U   |
| Email Address   | ADRIAN.HARRIS@NOVARTIS.COM  |
| Mobile Phone No   | (LOCAL) +65-91856897  |
| Alternative Phone No  | OFFICE-NOPHONE  |
| Valida Dartiardara  |   |

**Vehicle Particulars** 

AUDI Manufacturer Model Q5-2.0 (A) Exact Purpose for which vehicle was being used at PRIVATE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

**Insurance Company** 

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO Policy Number GΑ

Cover Note Number

**Driver** 

Name of Driver HARRIS ADRIAN JAMES

NRIC No G5372525U Date Of Birth 13/11/1976 Occupation INDOOR **Date Of Driving Pass** 30/11/2013

**Driving Experience** 4 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91856897

Fax Number

Contact Number **OFFICE-NOPHONE** 

**EMail Address** ADRIAN.HARRIS@NOVARTIS.COM Address 12 BALMORAL ROAD #01-08

Postcode 259820

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 SIDE SWIPE
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.

Number of Passengers (Including Driver)

Passenger 1

YES

2

NO

NAME: : JENNY BINNEY

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO SKETCH - THIRD PARTY REVERSED WHILE INSURED DRIVING TWDS CARPARK LOT.

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 Witness 1** 

Name JENNY BINNY

Phone Number Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SDS7677D

Vehicle Make/Model/Colour MERCEDES BENZ SLIVER

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SOH ENG KHIM

NRIC/Passport Number S1401297D

**Contact Number** 

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

VEHICLE NO: SKL3D5K ACCIDENT DATE: (2)

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- 6. The 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 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)

Lunderstand, acknowledge, agree and consent that:

- 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)
  - (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
- (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
- 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 DA

CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

Policyholder's Signature

IT MAY 18

Date & Time:

Driver's Signature

(If driver is not the policyholder)

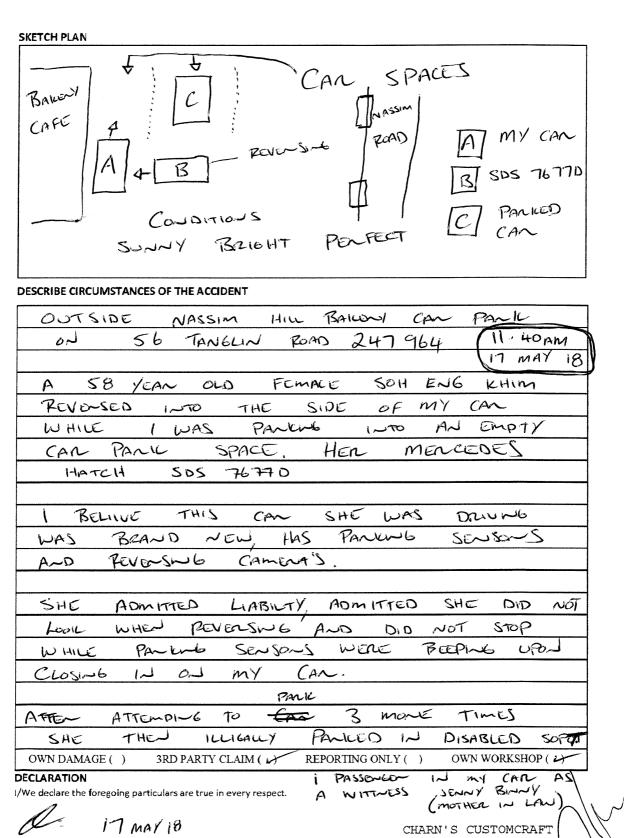
Date & Time:

CHARN'S CUSTOMORAR

Reporting Centre Personnel's

Name:

NRIC/FIN No.:



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 #3 Pg. 1

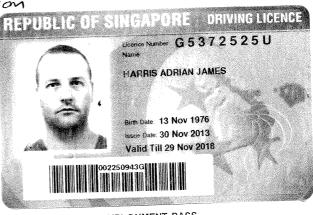
Address: Adrian. Harrisenovantis.com
REF

HP6 91856897

ADDRESS:

12 BALMORAL ROAD

259820



EMPLOYMENT PASS Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

NOVARTIS (SINGAPORE) PTE LTD

HARRIS ADRIAN JAMES Occupation
GLOBAL CATEGORY MANAGER

G5372525U

Date of Application 09-11-2017 Date of issue 29-11-2017

29-12-2019

L8479552

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

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 30 Nov 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: G5372525U

VISIT PASS Immigration Regulations

Name HARRIS ADRIAN JAMES



13-11-1976 M

G5372525U 29-11-2017

AUSTRALIAN Date of Expiry 29-12-2019

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





