

## 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 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	26/07/2018 12:00
Date Of Accident	25/07/2018 16:30
Exact Location Of Accident	CLEMENTI STREET 13-INSIDE HDB CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2726Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANIEL HINGGINS
Passport No/FIN	G50004343T
Email Address	SAMHIGGINS@ME.COM
Mobile Phone No	(LOCAL) +65-90607173
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	JAGUAR
Model	XF 3.0 V6 LUXURY AT ABS D\AB HID 2WD 4DR
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00006998
Cover Note Number	

### Driver

Name of Driver	HIGGINS SAMANTHA
NRIC No	G5014830R
Date Of Birth	02/10/1975
Occupation	INDOOR
Date Of Driving Pass	01/09/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83836022
Fax Number	
Contact Number	
Email Address	SAMANTHA.HIGGINS@SJI-INTERNATIONAL.COM.SG

Address	37 SIN MING WALK
Postcode	573923
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	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.	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

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	SJP3775A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CELESTE
NRIC/Passport Number	
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: SLG 2726Y  
ACCIDENT DATE: 25/7/18

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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:

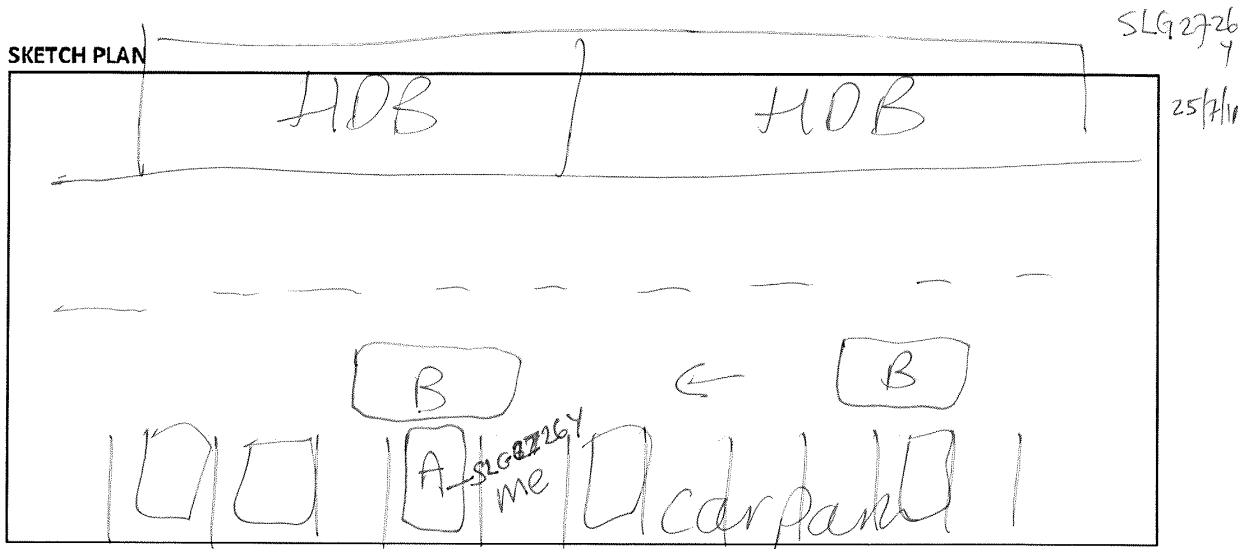
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 NOT 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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was parked in the car park, and I was about to pull out to leave, when I looked right the other car was far away driving towards me. I looked left, then right again, by this time I had pulled out slightly - about 3-4 cm - when I looked right to check everything was still clear, the car was right in front of me going fast and as I moved forward slightly we bumped into each other. The other car was traveling quite fast and close to the parked cars to be so close so quick. The scratch down the side of the other car shows how far it travelled and scraped across the front of my car. Both cars were at fault in my opinion.

We exchanged details and said we would ask our insurance companies to look into it.

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:

26/July  
11:20am

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

**Charn's Customcraft**

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**From:** Daniel Higgins <daniel.higgins@purestorage.com>  
**Sent:** Thursday, 26 July, 2018 11:56 AM  
**To:** charns@singnet.com.sg  
**Cc:** Samantha Higgins; Sam Higgins  
**Subject:** White Jaguar XF

Hi Rina,

I Daniel Higgins IC Number G5000434T and owner of Vehicle SLG2726Y

Authorise my Wife Samantha Higgins to file an accident report.

Best Regards,

DANNY HIGGINS // HEAD, SOLUTION ARCHITECTS, APJ | Pure Storage, Inc.

+65.9060.7173 | daniel.higgins@purestorage.com



### YOUR CLASSIC CAR INSURANCE SUMMARY

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours or the next working day of the incident  
regardless of whether it will lead to a claim.

**POLICY NUMBER** : PNPV2017-00006998

#### About this policy

Premium paid	: S\$2,614.45	Coverage start date	: 22/10/2017
(Inclusive of GST)		Coverage end date	: 21/10/2018
Who is insured to drive:	: You and any Authorised Driver		
Plan Type	: CLASSIC		

#### About you (As the policyholder)

Your name	: Daniel Higgins		
Address	: 37 Sin Ming Walk Singapore 573923		
Email	: dannyhiggins1@me.com		
NRIC/FIN	: G5000434T	Date of birth	: 20/05/1975
Marital status	: Married	Gender	: Male
Current no claims discount	: 0%	Mobile Number	: 90607173
Years of driving experience	: Three or more	Certificate of merit	: No

#### About your car

Car make and model	: JAGUAR XF 3.0		
Car plate number	: SLG2726Y	Year of first registration	: 2012

Issued on: : 02/10/2017

6322 2549  
motoassist team

*A Bhatia*

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions  
and exclusions of this policy.

Please immediately inform us at +65-6820-8888  
or email us to [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details in  
this Car Insurance Summary need to be changed.

Sketch Plan #5 Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G5014830R**  
 Name: **HIGGINS SAMANTHA**

Birth Date: **02 Oct 1975**  
 Issue Date: **01 Sep 2016**  
 Valid Till **31/08/2021**

002605335C

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

Employer:  
**ST. JOSEPH'S INSTITUTION INTERNATIONAL LTD.**

Name:  
**HIGGINS SAMANTHA**  
 Occupation:  
**HEAD OF DEPARTMENT (INTERNATIONAL SCHOOL)**

FIN: **G5014830R**  
 Date of Application: **10-05-2016**  
 Date of Issue: **30-05-2016**  
 Date of Expiry: **20-10-2019**

L6876953

SLG 2726Y

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

	EFFECTIVE DATE
<b>Class 3</b> Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	<b>01 Sep 2016</b>

NP 428A

Licence No: G5014830R

**VISIT PASS**  
 Immigration Regulations

Name:  
**HIGGINS SAMANTHA**

Date of Birth: **02-10-1975** Sex: **F** Nationality: **BRITISH**  
 FIN: **G5014830R** Date of Issue: **30-05-2016** Date of Expiry: **20-10-2019**

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





Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**







**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MCCC18096523-01 Vehicle Registration No: SLG2726Y  
Name(as shown in NRIC) : HIGGINS SAMANTHA NRIC/FIN/Passport No : G5014830R  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 37 SIN MING WALK Singapore( 573923)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : +65-83836022  
Email Address : samantha.higgins@sjj-international.com.sg  
Date of Accident : 25/07/2018 Time of Accident : 16:30  
Place of Accident : CLEMENTI STREET 13-INSIDE HDB CARPARK  
Insurance Company: FWD 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 DATE OF ACCIDENT (TYPO ERROR)

Policyholder / Driver's Signature  
Date:

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