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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	27/09/2018 18:33
Date Of Accident	27/09/2018 15:25
Exact Location Of Accident	CARPARK LOT 18E @ KAMPONG KAPOR ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW6327E
Insured/Policyholder	
Name Of Registered Owner	LAWRENCE GERARD JOSEPH
NRIC No	S1272157I
Email Address	LAWRENCEGERARDJOSEPH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98762221
Alternative Phone No	OFFICE-98762221
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	250 CGI
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098652982

Cover Note Number

Driver

Name of Driver LAWRENCE GERARD JOSEPH

 NRIC No
 \$1272157I

 Date Of Birth
 10/01/1957

 Occupation
 INDOOR

 Date Of Driving Pass
 12/01/1982

Driving Experience 36 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98762221

Fax Number

Contact Number OFFICE-98762221

EMail Address LAWRENCEGERARDJOSEPH@GMAIL.COM

BLK 147 GANGSA ROAD Address

#02-259

Postcode 670147

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : FRIEND

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC2590U Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

KARUPPAIYA MUTHURAMAN Name of Driver

NRIC/Passport Number S6867915Z 82976595 **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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)
 - (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
- 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.
- 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 Spnature

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Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel Signat Name: NRIC/FIN No. (OD)

Sketch Plan #2

SKETCH PLAN	Hous	Kampones Kri	HOR R	OAD
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		Fa F	80 0 0 0 0 0 0	A) SLW 6327 E B) PC 2590U
DESCRIBE CIRCUMS	TANCES OF THE	ACCIDENT		
I were 18 E a There the driv	lung Kamp were two yer of tor parts suffr		nfront of	2590 navigated into
DECLARATION I/We declare the foreg Policyholder Vignature Date & Time:	Dr (If	true in every respect. iver's Signature driver is not the policyholder) ite & Time:		Reporting Centre Personnel's/Signafure Name: NRIC/FIN No.: WARDS



















































