

## 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 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.
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	08/10/2018 15:34
Date Of Accident	08/10/2018 11:00
Exact Location Of Accident	QUEENSWAY TURNING INTO COMMONWEALTH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB2778Z
Insured/Policyholder	
Name Of Registered Owner	SHAUN LANGHORNE
Passport No/FIN	G5287673M
Email Address	JOSI.LANGHORNE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81578492
Alternative Phone No	OTHERS-81578492
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00462122
Cover Note Number	
Driver	
Name of Driver	LANGHORNE JOSEPHINE BARBARA
Passport No/FIN	G5299437W
Date Of Birth	09/05/1973
Occupation	INDOOR
Date Of Driving Pass	13/05/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81578492
Fax Number	
Contact Number	OTHERS-81578492
Email Address	JOSI.LANGHORNE@GMAIL.COM

Address	NO. 9 CORONATION DRIVE
Postcode	269564
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	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLEASE 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	SLU4528R
Vehicle Make/Model/Colour	HONDA FREED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAIS BIN MOHD
NRIC/Passport Number	S1562837E
Contact Number	94573033
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) 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:

11:30am  
8/10/18



Driver's Signature

(If driver is not the policyholder)

Date & Time: 11:30am  
8/10/18



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Roshan  
8/10/2018

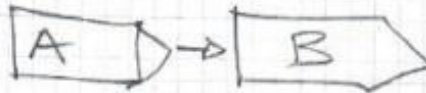
# Sketch Plan #2

SKETCH PLAN

Queensway turning into Commonwealth Road

A: SLB 2778Z

B: SLV 4528R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was approaching a right turn on Queensway turning right into Commonwealth Road at 11am on 8 October and hit the car in front which was stationary.

A  
B

My car SLB 2778Z  
SLV 4528R (car I hit)

## DECLARATION

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

Policyholder's Signature

Date & Time:

11:30am  
8/10/18

Driver's Signature

(if driver is not the policyholder)

Date & Time:

11:30am  
8/10/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Rafiq Ibrahim

Sketch Plan #3

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 5299437 W**

Name: **LANGHORNE JOSEPHINE BARBARA**

Birth Date: **09 May 1973**  
Issue Date: **22 May 2018**  
Valid Till: **21/05/2023**

002805408J



REPUBLIC OF SINGAPORE

FIN **G5299437W**

Name: **LANGHORNE JOSEPHINE BARBARA**

Date of Birth: **09-05-1973**  
Nationality: **AUSTRALIAN**

Sex: **F**



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

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver, and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: **13 May 2013**

FA1593444

**DEPENDANT'S PASS**  
Immigration Regulations

FIN **G5299437W**



Date of Issue: **28-06-2016**  
Date of Expiry: **15-08-2019**

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

NP 4264

Licence No: **G5299437W**

No 9 Coronation Drive  
289564



Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

