

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	31/10/2018 17:28
Date Of Accident	30/10/2018 17:00
Exact Location Of Accident	BUKIT BATOK RD WEST8, WEST CREST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7341S
Insured/Policyholder	
Name Of Registered Owner	LYONS JACK
Passport No/FIN	G5671980L
Email Address	JACKALYOUS@HOTMAIL.COM.UK
Mobile Phone No	(LOCAL) +65-96423660
Alternative Phone No	OFFICE-96423660

Vehicle Particulars

Manufacturer	AUDI
Model	A4 2.0 TFSI QU S-TRONIC
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	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	5099580823
Cover Note Number	

Driver

Name of Driver	LYONS MELANIE LOUISE
Passport No/FIN	G5642348L
Date Of Birth	03/03/1975
Occupation	INDOOR
Date Of Driving Pass	08/12/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91049699
Fax Number	
Contact Number	OFFICE-91049699
Email Address	JACKALYOUS@HOTMAIL.COM.UK

Address	53 GRANGE RD, 01-04SPRINE GROVE
Postcode	249566
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	WET

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?	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

OTHER CAR REVERSED INTO STOPPED CAR. AFTER ACCIDENT DRIVERS EXCHANGED DETAILS, THE OTHER DRIVER ADMITTED IT WAS THEIR FAULT. ADDITIONALLY A WITNESS WAS ON HAND WHO STATED IT WAS THE OTHER DRIVERS FAULT.

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	PARIZAL
Phone Number	94897568
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EE1623K
Vehicle Make/Model/Colour	DEFENDER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BERNICE FRANK
NRIC/Passport Number	S6985969J
Contact Number	97929858
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:

31 Oct 2018
16:00

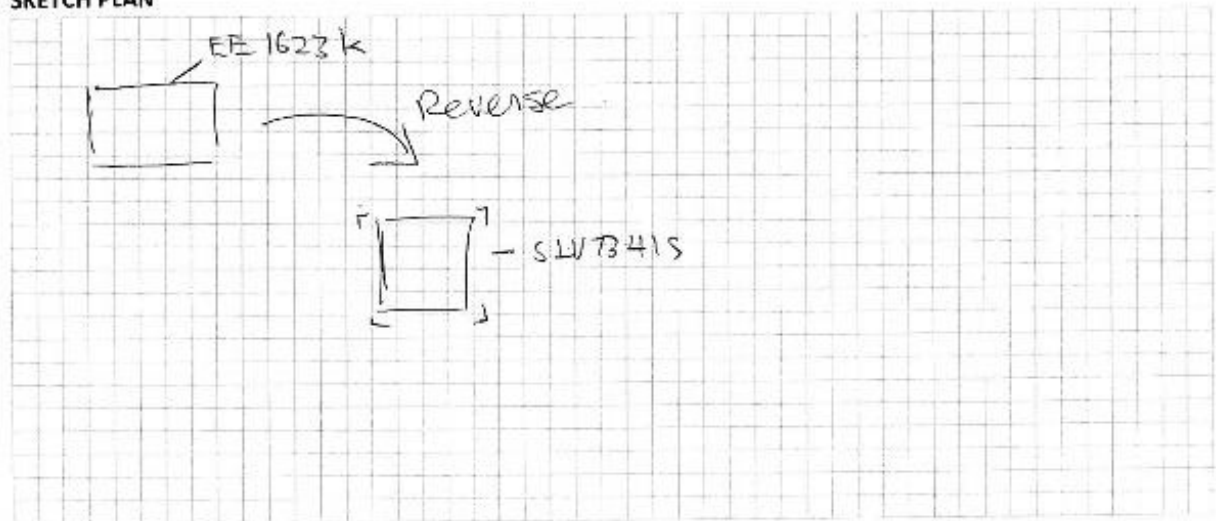
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: WONG KATHY SEAH, Amy
NRIC/FIN No.: G298743X



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

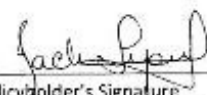
Other car reversed into stopped car -

After accident drivers exchanged details, the other driver admitted it was their fault.

Additionally a witness was on hand who also stated it was the other drivers fault.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 31 Oct 2018
 16:00

CU/00/00 SearchPlanForm_V3

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


 Reporting Centre Personnel's Signature
 Name: INDIRA KATHAN SEAR, Gay
 NRIC/FIN No.: 92987141X



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0090
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S465306396 / 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 : MPA118141571 Vehicle Registration No: SLU7341S
Name(as shown in NRIC) : LYONS JACK NRIC/FIN/Passport No : G5671960L
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 53 GRANGE RD, 01-04 SPRING GROVE Singapore(249566)
Contact (Tel) : 96423660 Mobile No. : 96423660
Email Address : JACKALYONS@HOTMAIL.CO.UK
Date of Accident : 30/10/2018 Time of Accident : 17:00
Place of Accident : BUKIT BATOK RD WEST8, WEST CREST
Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE 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:

CONVERT FROM OWN DAMAGE CLAIMS TO THIRD PARTY CLAIMS.


Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Wong Khong Seng, George
NRIC/FIN No.: G2987143X
Date: 1/11/2018