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 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.

	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 presaid.		
		ACCIDENT STATEMENT	
•	Date Of Report	26/11/2018 10:12	
	Date Of Accident	24/11/2018 14:10	
	Exact Location Of Accident	CTE TWDS SLE B4 MOULMEIN RD EXIT 7A	
_	Country/State of Loss	SINGAPORE	
	D	ETAILS OF OWN VEHICLE	
	Vehicle Registration Number	SJT9053P	
	Insured/Policyholder		
	Name Of Registered Owner	SENGUPTA,AVISH KUMAR	
	NRIC No	S7265769A	
	Email Address	AVISHSENGUPTA@YAHOO.COM	
	Mobile Phone No	(LOCAL) +65-92325298	
	Alternative Phone No	OTHERS-92325298	
	Vehicle Particulars		
	Manufacturer	HYUNDAI	
	Model	AVANTE	
	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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD	

Name of Insurance Company DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number MT/00551645

Cover Note Number

Driver

Name of Driver SENGUPTA, AVISH KUMAR

NRIC No S7265769A Date Of Birth 02/10/1972 Occupation **INDOOR** Date Of Driving Pass 23/06/2010

8 YEARS AND 5 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-92325298

Fax Number

Contact Number OTHERS-92325298

EMail Address AVISHSENGUPTA@YAHOO.COM

BLK 32 STURDEE ROAD Address

#28-10 20785

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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

NO

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)

1

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GR248A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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)
 - (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

5			
SKETCH PLAN			
		III	
		A = 5010	7053
		B=GR24	
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ECLARATION We declare the foregoing part	iculars are true n every respect.		
A gust	- Assup	- Sym	N / / / n
olicyholder's Signature	Driver s Signature	Reporting Centre Person	
ate & Time:	(If driver is not the policyho Date & Time:	(der) Name: NRIC/FIN No.:	ner a arginature
	4		

Individual Statement

On 24.11.18 at about 14:10 hours at along CTE towards SLE (Before Moulmein Road Exit 7A. While I was travelling straight on the lane 5 and traffic was heavy, my front all vehicles slow down hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A): SJT9053P

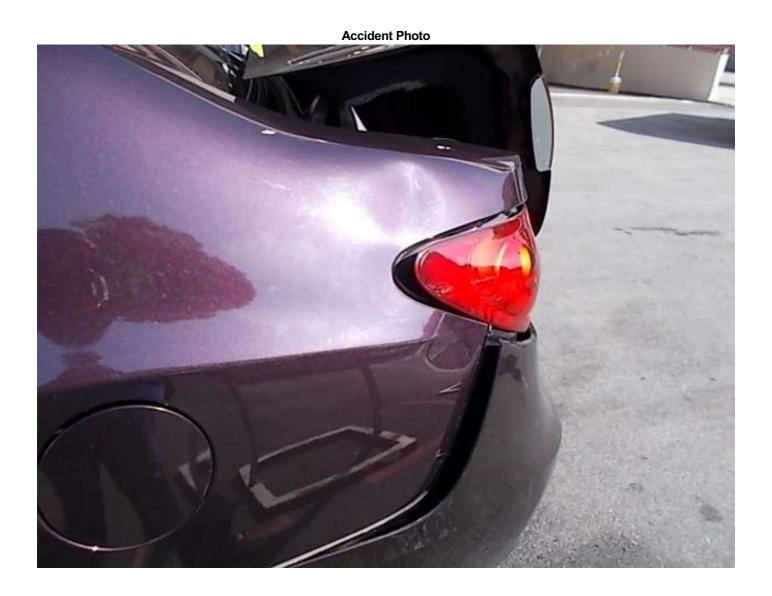
Vehicle (B): GR248A

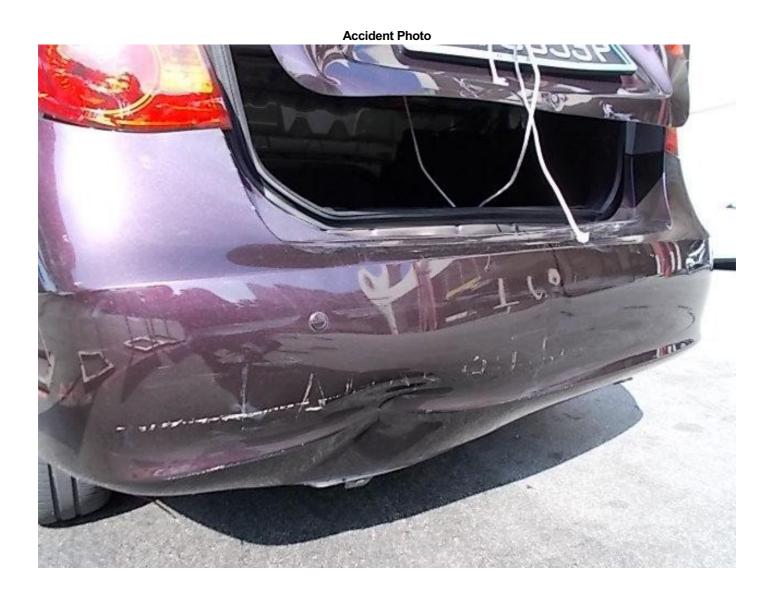




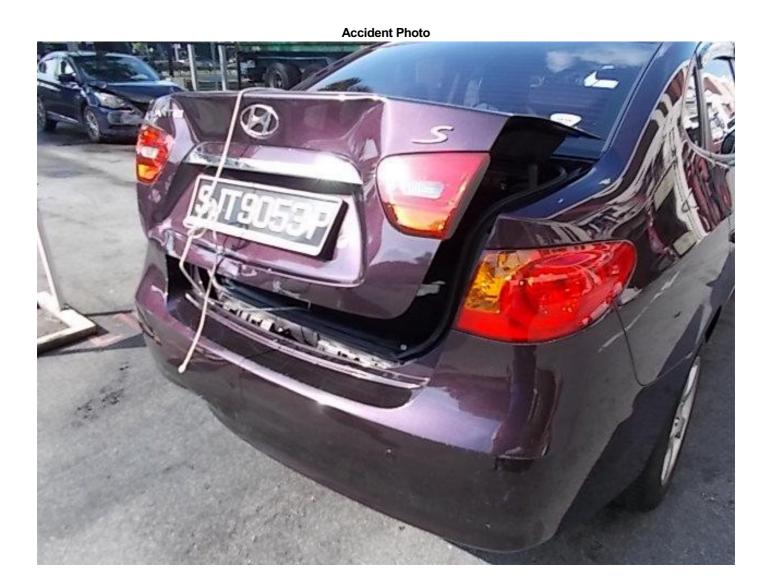






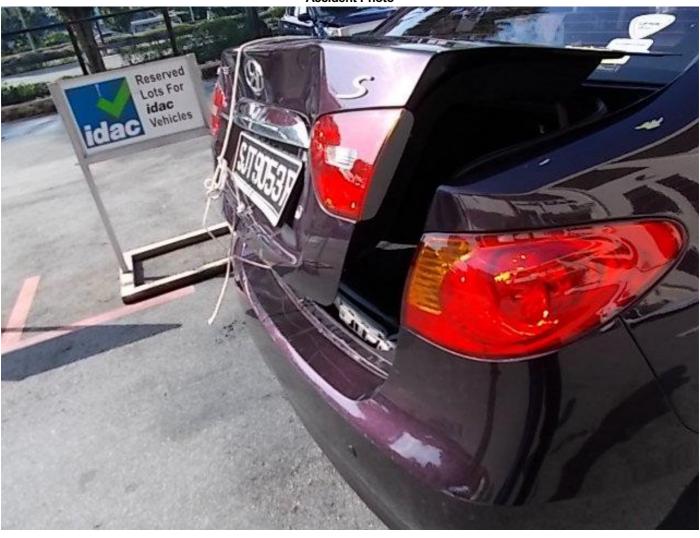


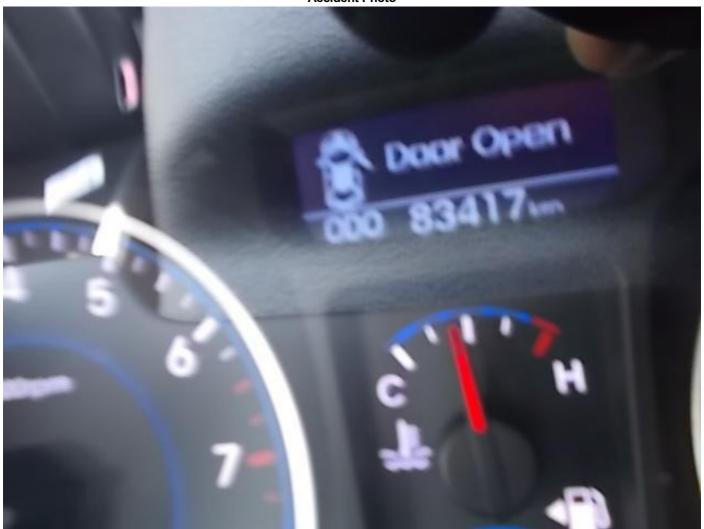














Identification Card



SJT SOGBP



Driving License



SOT9053P Owner & aliver

