

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	14/11/2018 12:15
Date Of Accident	10/11/2018 12:00
Exact Location Of Accident	SERANGOON GARDEN CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ4786G
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Insured/Policyholder

Name Of Registered Owner	THE TITULAR ROMAN CATHOLIC ARCHBISHOP OF SINGAPORE
Co Reg No	T08CC4023D
Email Address	SHARON.TAN@CATHOLIC.ORG.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62037405

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident

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
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Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M495060
Cover Note Number	

Driver

Name of Driver	FONG WEI YUEN LUKE
NRIC No	S1707758I
Date Of Birth	31/03/1965
Occupation	INDOOR
Date Of Driving Pass	30/03/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91123150
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	24 HIGHLAND ROAD
Postcode	549115
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
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	SGJ5192K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 the Insurers' obligations under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

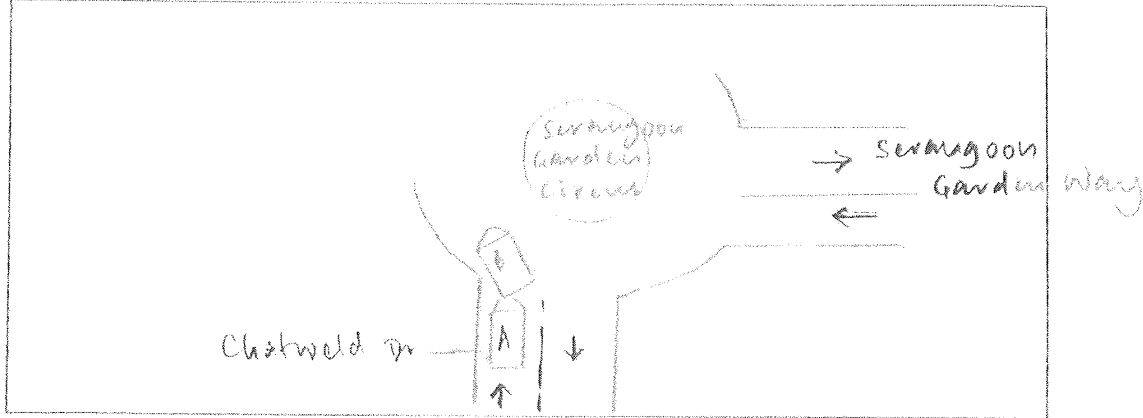
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan Pg. 2

Date of accident: 10/11/2018 Time: 12:00 Location: Sevanagoon Garden Circus
 Veh A: SGQ 4786 G Veh B: SGJ 5192 K No of pax: 1 Weather: Clear/dry Rain/Wet
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop behind vehicle B before Sevanagoon Garden Circus. Vehicle B (SGJ 5192 K) then moved off and I begin to move off slowly while checking traffic on my right. All of a sudden veh B e-brake and I could not stop in time bump into its rear.

Only minor damage on veh B and nobody is injured.

☒ Claim OD/TP at Falcon-Air ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Poncharn
 Policyholder's Signature
 Date & Time:

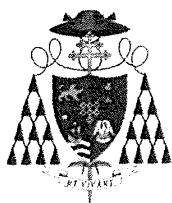


Whe Jory
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:



Reporting Centre Personnel's Signature
 Name:
 MRC/ID No.:

Authorisation Letter Pg. 1



THE TITULAR ROMAN
CATHOLIC ARCHBISHOP
OF SINGAPORE

Archbishop's House
31 Victoria Street
Singapore 187997

Tel +65 6895 1555
Fax +65 6895 1551
www.catholic.org.sg

13 November 2018

To Whom It May Concern

Dear Sir/Mdm,

Rev Fr Luke Fong
NRIC NO S---758I
Reg No SJQ 4786 G

Kindly be advised that our priest Rev Fr Luke Fong is our Authorized Driver for our Vehicle - Vehicle Registration No SJQ 4786 G.

Our current Insurance Company is India International Insurance Pte Ltd.

Trust the above clarify.

Yours in Christ,

Sharon Tan
Manager-Insurance
Archdiocesan Office for Human Resource

Accident Photo



Accident Photo



Accident Photo



Accident Photo

