

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	19/02/2019 19:33
Date Of Accident	08/02/2019 07:45
Exact Location Of Accident	ALONG UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS8006M
Insured/Policyholder	
Name Of Registered Owner	SUSHIL SINGH S/O DILBAGH SINGH
NRIC No	S7331162D
Email Address	SSTATLA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90031134
Alternative Phone No	OFFICE-90031134

Vehicle Particulars

Manufacturer	BMW
Model	740LI
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05019344
Cover Note Number	

Driver

Name of Driver	SUSHIL SINGH S/O DILBAGH SINGH
NRIC No	S7331162D
Date Of Birth	28/08/1973
Occupation	INDOOR
Date Of Driving Pass	02/07/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90031134
Fax Number	
Contact Number	OFFICE-90031134
Email Address	SSTATLA@GMAIL.COM

Address	34 JALAN TANAH PUTEH
Postcode	457352
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

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	SCE2218P
Vehicle Make/Model/Colour	BMW 216
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)	

Accident 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.

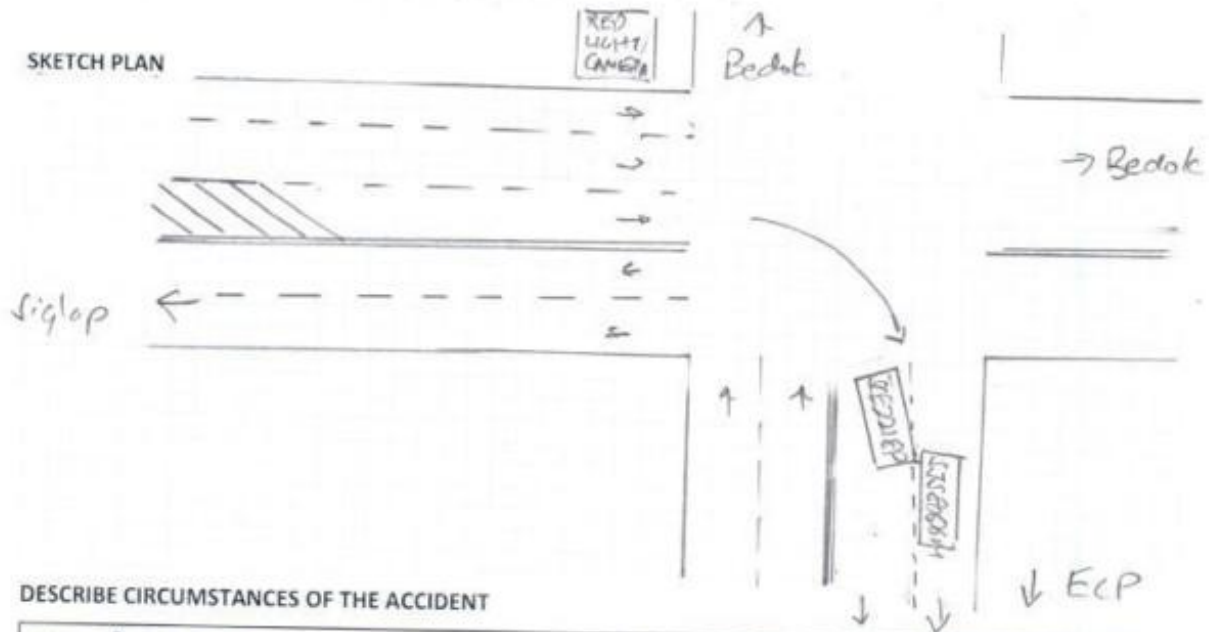
Policyholder's Signature
Date & Time:

19/2/19 4.20pm

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

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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8 Feb at around 7.45am, I was behind the wheel of SSS 8006M on Upper East Coast Road towards Bedok. I signalled and filtered into the turning lane right onto Bedok South Ave 1 towards ECP. There was sufficient space between my vehicle and SCE 2218P and I turned onto Bedok South Ave 1 in the turning lane when the turning signal was green. There is a Red light camera at the intersection. After I turned onto Bedok South Ave 1, SCE 2218P accelerated and hit my rear right near the bumper. I felt minor impact and carried on towards ECP. Once I realised I had been rear ended I proceeded slowly with my blinkers on looking for a safe spot to stop. The driver of SCE 2218P kept a distance behind me and made ~~no~~ attempt to come close or overtake. The driver filtered onto MCP and I lost them as I was traveling straight.

I wasn't able to lodge a police report or obtain details of the other vehicle as they did not stop. On ~~my~~ inspection of my vehicle there was a dent on the rear right hand side of my vehicle SSS 8006M.

DECLARATION

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

Indira Indira
Policyholder's Signature

Date & Time:

28/02/2019

N.D.

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

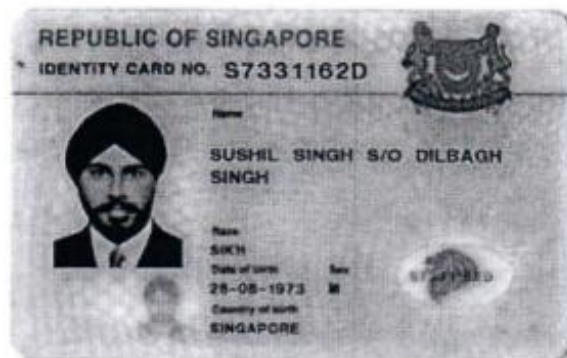
28/02/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ROSE LUTHER

ID



ID



Accident Photo



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 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500200 / 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: MNA419023474 Vehicle Registration No: SJS8006M
Name (as shown in NRIC): SUSHIL SINGH DO DIERACK SINGH NRIC/FIN/Passport No: S72311620
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 34 Jalan Tanjong Pagar Singapore 117352
Contact (Tel): 90031134 Mobile No.: 90031134
Email Address: sstotilo@gmail.com
Date of Accident: 08/02/2019 Time of Accident: 0745
Place of Accident: Junction of Upper East Coast Rd & Bedok South Ave 1
Insurance Company: LONPAO INSURANCE BERHAD

(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:

- ① Accident Plan & Circumstances of Accident.
- ② Time of Accident should be 07:45

Sushil Singh
Policyholder / Driver's Signature
Date: 28/02/2019

[Signature] 28/02/2019
Reporting Centre Personnel's Signature
Name: Reshmi
NRIC/FIN No.: [Signature]
Date: [Signature]