

## 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 15/07/2019 10:09  
Date Of Accident 12/07/2019 14:35  
Exact Location Of Accident ALONG WHITLEY ROAD BEFORE WAYANG SATU FLYOVER  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGC817L  
**Insured/Policyholder**  
Name Of Registered Owner DE SOUZA PATRICK ANTHONY  
NRIC No S0235120Z  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-98593470  
Alternative Phone No OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer MITSUBISHI  
Model LANCER-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? NO  
If No, Please state action to be taken REPORTING ONLY  
Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number P10029777R01  
Cover Note Number

### Driver

Name of Driver FU XIN DE SOUZA@FABIO  
NRIC No S7718804E  
Date Of Birth 06/07/1977  
Occupation INDOOR  
Date Of Driving Pass 19/12/1997  
Driving Experience 21 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-91910677  
Fax Number  
Contact Number  
Email Address PATDEANO48@GMAIL.COM

Address	BLK 8B BOON TIONG ROAD #02-71
Postcode	165008
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (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

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	XD9317Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEW CHONG HOW
NRIC/Passport Number	S7666650D
Contact Number	8299 7428
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN****IMPORTANT NOTICE**

VEHICLE NO: 89C 872

ACCIDENT DATE: 12/07/2019 @ 14:35

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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.

**NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.**

Policyholder's Signature

Date &amp; Time:

13/7/19

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

13/7/19

CHARN'S CUSTOM CRAFT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

SGC 817L

XD 9317Y

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Date: 12/7/19  
Time: 1438  
Location: Whitley Road before wayang sate flyover  
Vehicle: XD9317AY bumped my vehicle SGCP172  
from the Rear.  
No INSURANCE  
Prefer private settlement

## DECLARATION

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

He Souza

Policyholder's Signature

Date & Time: 13/7/19

He says

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 13/7/19

CHARN' ~~§~~ (CUSTOM ~~CRAFT~~

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: