

Adrian Lee
- India

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	19/08/2019 13:01
Date Of Accident	18/08/2019 17:15
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT BEFORE EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ9392E
Insured/Policyholder	
Name Of Registered Owner	KHALAP PRANJAL PRAKASH
Passport No/FIN	G3293390X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91767547
Alternative Phone No	OFFICE-91767547

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	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	5104016127
Cover Note Number	

Driver

Name of Driver	KHALAP PRANJAL PRAKASH
Passport No/FIN	G3293390X
Date Of Birth	08/06/1974
Occupation	INDOOR
Date Of Driving Pass	29/12/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91767547
Fax Number	
Contact Number	OFFICE-91767547
Email Address	NOEMAIL

Address	770 BEDOK RESERVOIR ROAD #14-04 WATERFRONT KEY
Postcode	479250
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	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)	2
Passenger 1	NAME: : MAAHI KHALAP GENDER: : FEMALE

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

I WAS DRIVING STRAIGHT ALONG PIE TOWARDS CHANGI AIRPORT BEFORE EUNOS AT EXTREME RH LANE OF 5 LANES. ALL VEHICLE IN FRONT OF ME STOPPED, I FOLLOW SUITE. SUDDENLY, I FELT AN IMPACT. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. I WISH TO STATED THERE WAS 2 HUGE IMPACT FROM VEHICLE B

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	SH6561R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

details of the accident to speed up the claims process.

Completed by the Policyholder and/or the Authorised Driver.

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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:

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

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

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

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

Policyholder Signature _____
Date & Time: _____

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

DECLARATION

I was driving straight along pit towards Changs Airport before lanes of extremely lane of 5 lanes.

All vehicles in front of me stopped, I followed suite.

Suddenly, I felt an impact. Vln "B" collided onto rear portion of my vehicle and caused ^{huge} damages.

I wish to stated there was a impact from vln "B".

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

SKETCH PLAN

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Foreign Identification Number
Owner ID:	390X

Vehicle Details

Vehicle No.:	SLZ9392E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Aug 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180 AVANTGARDE (R17 LED)

Primary Colour:	Brown
Manufacturing Year:	2014
Engine No.:	27491030326710
Chassis No.:	WDD2050402R040337
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$32,861.00
Original Registration Date:	05 Feb 2015
First Registration Date:	05 Feb 2015
Transfer Count:	1
Actual ARF Paid:	\$28,006.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Feb 2025
PARF Rebate Amount:	\$21,004.00

Intended COE Rebate Details

COE Expiry Date:	04 Feb 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$76,889.00
COE Rebate Amount:	\$41,987.00
Total Rebate Amount:	\$62,991.00

The information contained herein is correct as at 19 Aug 2019

OK