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 <u>truthful and accurate</u> 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.
- 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	05/02/2020 15:06	
Date Of Accident	02/02/2020 10:00	
Exact Location Of Accident	UNKNOWN LOCATION	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBC9788L	
Insured/Policyholder		
Name Of Registered Owner	THE CHOCOLATE FACTORY PTE LTD	
Co Reg No	2005	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-92771595	
Vehicle Particulars		
Manufacturer	LAND ROVER	
Model	DEFENDER	
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	EQ INSURANCE COMPANY LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMCPHQ19-001661	
Cover Note Number		
Driver		
Name of Driver	BERNARD LAURENT BERTRAND	

Name of Driver BERNARD LAURENT BERTRAND

 NRIC No
 \$68677001

 Date Of Birth
 14/10/1968

 Occupation
 INDOOR

 Date Of Driving Pass
 14/05/2008

Driving Experience 11 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92771595

Fax Number
Contact Number

EMail Address LAURENT@LAURENTBERNARD.COM.SG

32 JERVOIS ROAD #02-07 Address

249015 Postcode

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 NO COLLISION

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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

REFER TO ATTACHED STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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

GBJ9387Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

Sketch Plan

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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
- 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.
- 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.

Policyholdes nature Date &

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

OCCUATE FACTORY P Tee Yih Jia Food Building 5 Jun Pond Property

lenger ora 1009/2

Sketch Plan #2

KETCH PLAN	
	Vehicle
	A -
	B -
	Legend
	A 6
	Ш Б
	Vehicle Motorcycle
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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I kasn't allare of this accident.	
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and the second s	
	*
DECLARATION	A
/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against	own policy must be made within the stipulated timeframe
from the day of occurrence. Kindly check your policy for more details.	
TYPLATEFACTOR	
Please be advised that your insurer may have a fourteen [14] days cause whereby the claim against from the day of occurrence. Kindly check your policy for more details. Policyholders against the Food Building (If driver is not the policyholder) Date & Time: Singapore 386972 Date & Time:	Reporting Centre Personnel's Signature
Date & Time: Singapa MOS-On Date & Time:	Name: NRIC/FIN No.:
36S972	STATES AND
5/2020	
0 20	

Driving License



laurent @ laurent bernand. com. sg



















