#### 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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/03/2020 16:31
Date Of Accident	27/03/2020 11:30
Exact Location Of Accident	SERENE VIEW MANSION CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFB3344G
Insured/Policyholder	
Name Of Registered Owner	LATA A KALWANI
NRIC No	SXXXX758B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98321846
Alternative Phone No	OFFICE-98321846
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	ORLANDO 1.4AT TURBO
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Name of Insurance Company LONPAC INSURANCE BHD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number Z19VP05024106

Cover Note Number

**Driver** 

Name of Driver LATA A. KALWANI

NRIC No SXXXX758B

Date Of Birth 14/10/1962

Occupation INDOOR

Date Of Driving Pass 07/12/1998

Driving Experience 21 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98321846

Fax Number

Contact Number OFFICE-98321846

EMail Address NOEMAIL

Address 37C LORONG SELANGAT

Postcode 358727

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

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

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**

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY I HEARD A SOUND. I ALIGHT FROM MY VEHICLE AND REALIZED THAT VEHICLE B AND VEHICLE C HAVE SOME SCRATCHES ON IT'S VEHICLE.

## 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 SBY9368A

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)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SDT5522A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

0

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

#### IMPORTANT NOTICE

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  facts may allow insurance companies to repudiate policy liability.
- 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.
- The 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.
- By the lodgment 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.
- 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:
  - 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:
  - 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.:

### **Accident Sketch Plan**

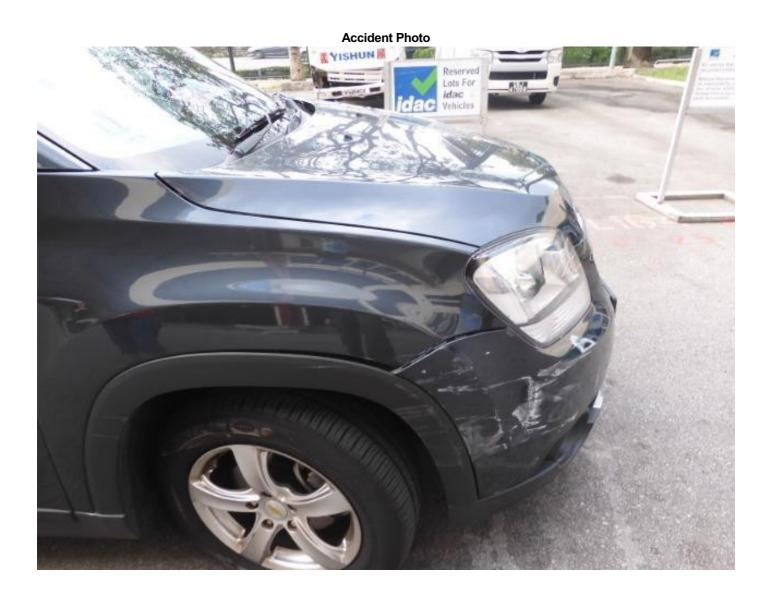
KETCH PLAN		
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		A ST GSSTAN
	somme view monsion corporate	A: 58 B 33 W L B: 58 Y 93 68 4 C: 577 55 17 A
		C. 47174
	1-61	
	8 6	
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Refer to statemen	1.	
		-
ECLARATION		
We declare the foregoing part	iculars are true in every respect.	
An		1
Later.		Ma
licyholder's Signature	Driver's Signature Reporting	Centre Personnel's Signature
ite & Time:	(if driver is not the policyholder) Name: Date & Time: NRIC/FIN	No.:

GIARMS Statch/lanform\_V8

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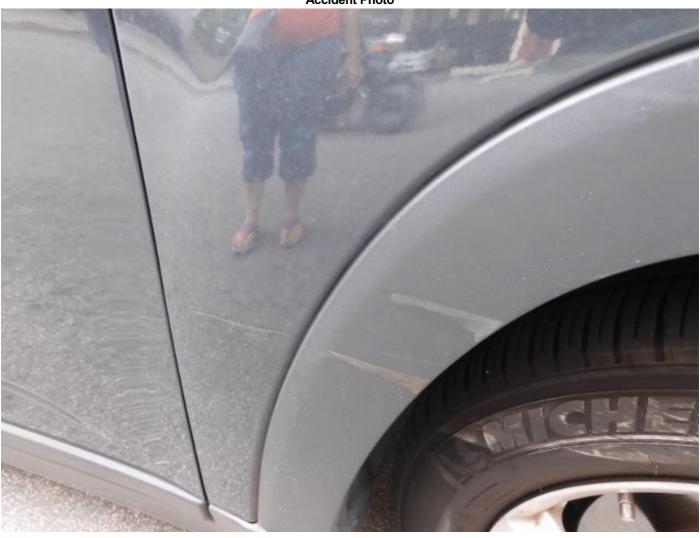


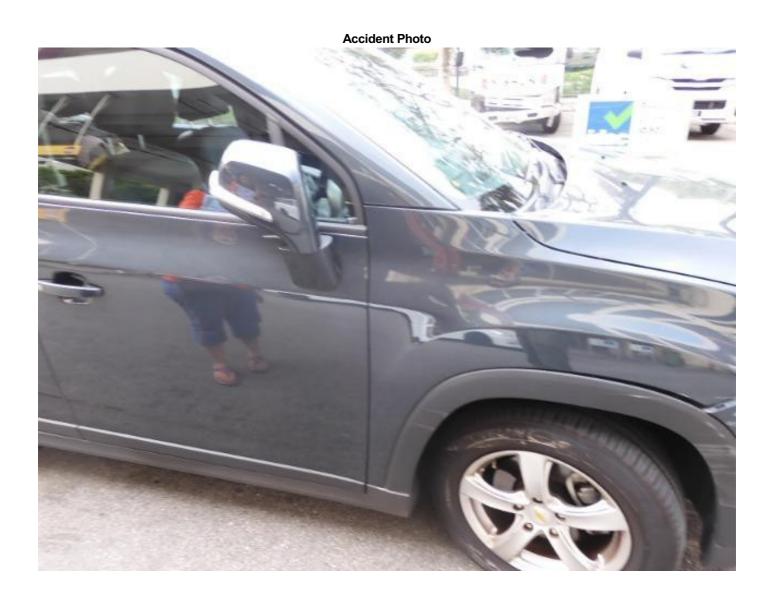


















### **Addendum Sheet**



# 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: \$66550020G / 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.

		ADDI	ENDUM		
A)	ARTICULARS OF PERSON MAKING THE AMENDMENTS:				
	Original Report No	: MNA120037363	Vehicle Registration No: SFB 3344G		
	Name(as shown in NRIC)	: LATA A. KALWANI	NRIC/FIN/Passport No : SXXXX758B		
	*Wehicle Driver / Vehicle Owner) (*) Please delete as appropriate				
	Address	37C LORONG SELANGA	TSingapore( 358727		
	Contact (Tel)	1	Mobile No.: 98321846		
	Email Address	÷			
	Date of Accident	27/03/2020	Time of Accident : 11:30		
	Place of Accident : SERENE VIEW MANSION CARPARK		N CARPARK		
	Insurance Company: Lonpac Insurance Bhd				
	Amend to own dar	nage claim			
	XX		The		
	Policyholder / Driver Date:	's Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:		

Date:

CHARGE administrations, VII