#### 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	11/08/2020 12:02	
Date Of Accident	09/08/2020 17:30	
Exact Location Of Accident	47 SARACA VIEW ROADSIDE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLK6171A	
Insured/Policyholder		
Name Of Registered Owner	PEREIRA CORNELIUS ALPHONSUS	
NRIC No	SXXXX082E	
Email Address	CORNIE_ALPHONS@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-83330368	
Alternative Phone No	OTHERS-83330368	
Vehicle Particulars		
Manufacturer	SEAT	
Model	LEON 5DR 1.2 TSI 110 STYLE 7AT	
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED	
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	5087498472-03	

Cover Note Number

Name of Driver PEREIRA CORNELIUS ALPHONSUS

NRIC No SXXXX082E

Date Of Birth 06/09/1974

Occupation INDOOR

Date Of Driving Pass 06/12/1993

Driving Experience 26 YEARS AND 8 MONTHS

Gender MALE

Mobile Number +65-83330368

Fax Number

Contact Number OTHERS-83330368

EMail Address CORNIE ALPHONS@HOTMAIL.COM

11A WOODLANDS AVENUE 6 Address

#13-07

Postcode 738993

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** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

2

NO

NO

0

NO

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?

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)

**Details of Police Action** 

Was the accident reported to the police?

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)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

Name **CHRISTINA CHONG** 

Phone Number 83381820

**Email Address** 

**Details of Witness 1** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLG3906U Vehicle Registration Number

Vehicle Make/Model/Colour NISSAN QASHQAI

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

#### 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)
  - (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.
- 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'

Date & Time

Driver's Signature

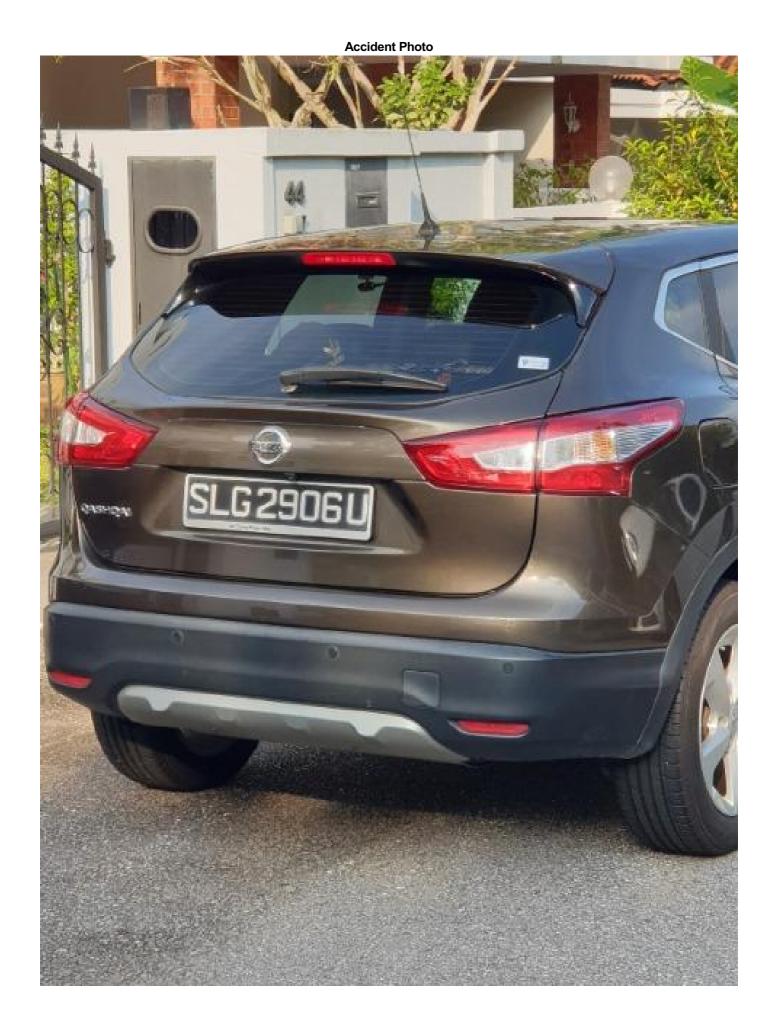
(If driver is not the policyholder)

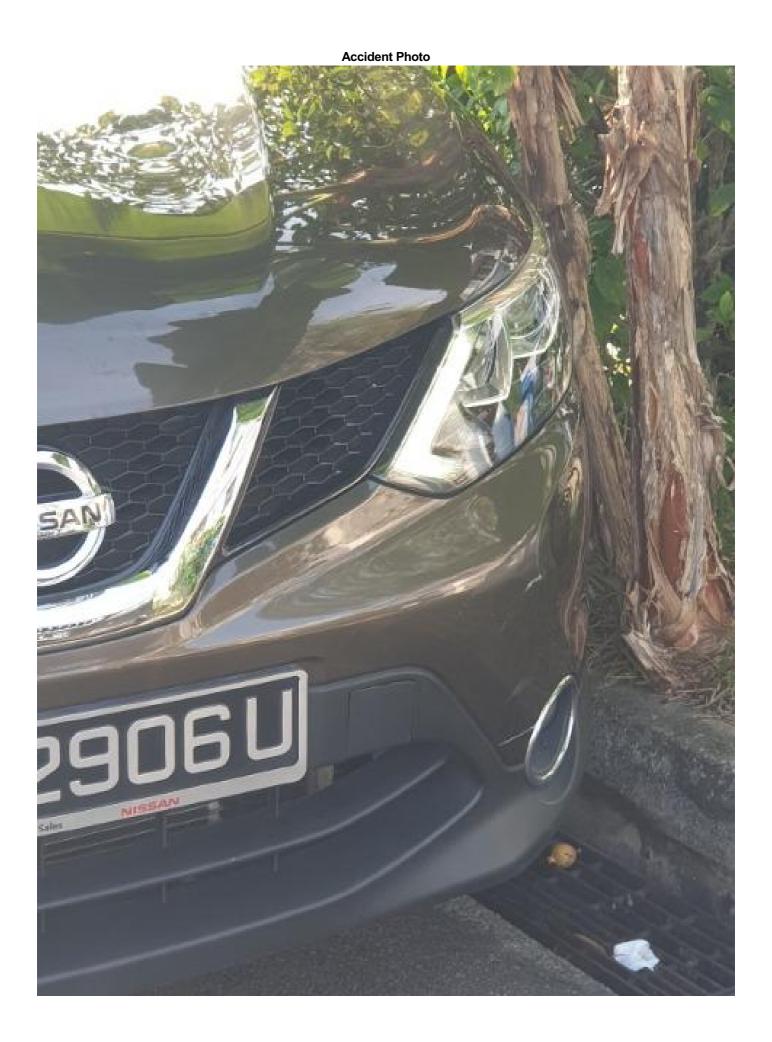
Date & Time:

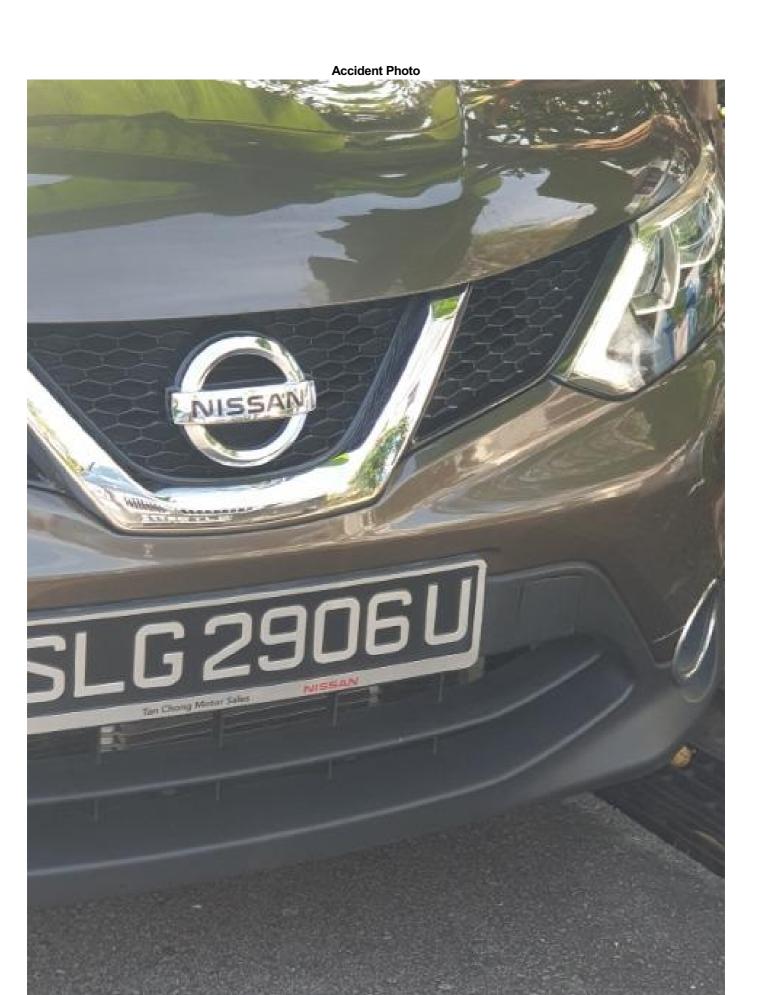
NRIC/FIN No.:

#### **Accident Sketch Plan**

ETCH PLAN	
	Saraca View (3DEA)
A) SLK 6171 B	
B) SLG 2906 U	
D) 304 2000	
ESCRIBE CIRCUMSTANCES OF T	. 1 15
As I was part	
In I	car and spote to a cobrote colleague it
the same time it	
drove up and hit	into my stationary car A of the Agar bumper.
13 I approach	the dater he was slurring and very drunk
oind did not rea	nlise he hit my oar as well.
He can't speak v	his happen of the 9th August 2020 1730 H. voll as he was repting with alcohol. The witness that.
DECLARATION	
We declare the foregoing particular	s are true in every respect.
11/	00/11/2001
olicyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature
Date & Time: (1 / 9 / 2 d 2 d	(If driver is not the policyholder) Name:
1/9/2020 1030H	Date & Time: NRIC/FIN No.:

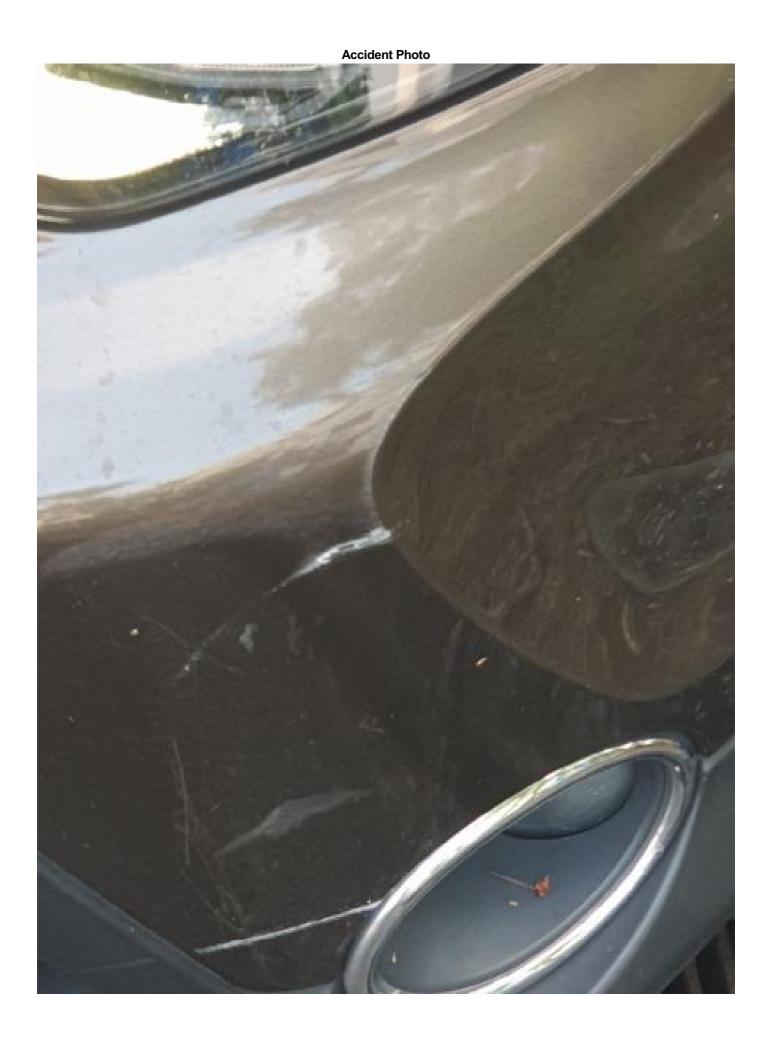










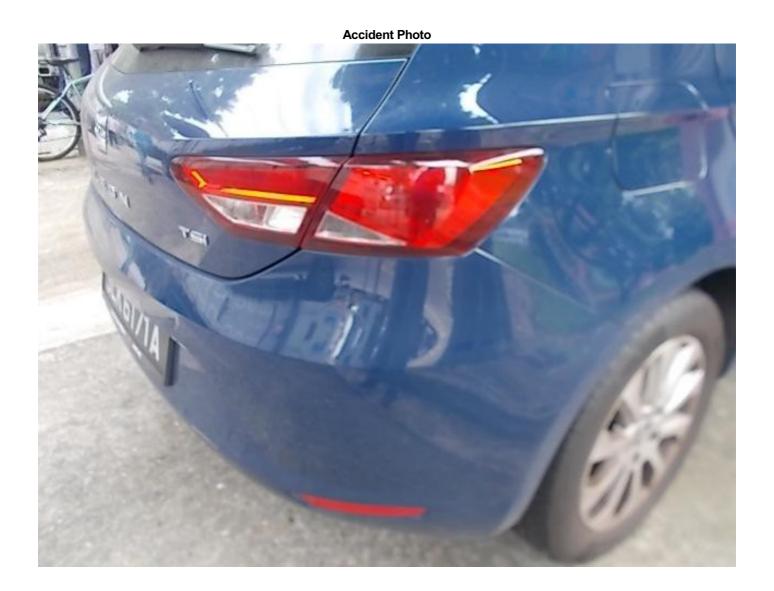












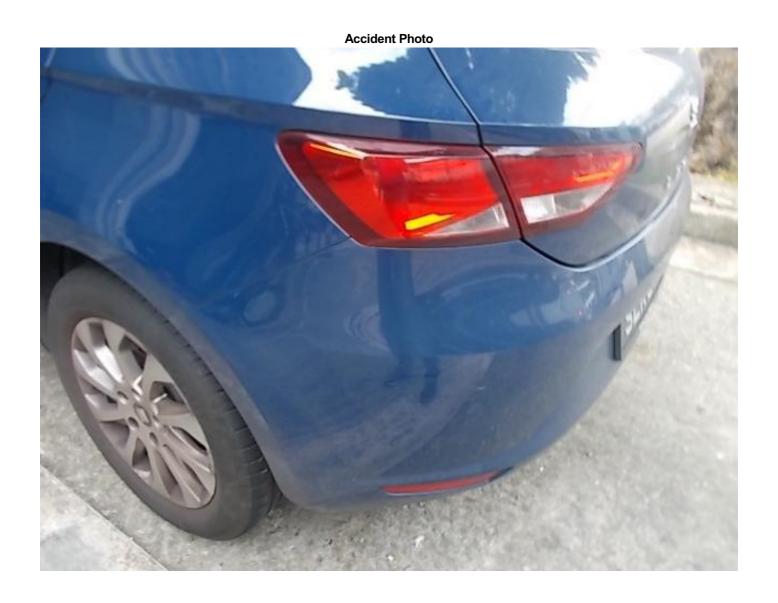
















#### **Addendum Sheet**

GENERAL INSURANCE GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

G Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

RECORDS NUMBERS CENTRE

Operating Hours : Monday to Friday, 09:00 – 17:00 USN: 5005500205 / GST Keg, No.: M400017735

<u>IIVIPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MMAY2006 Vehicle Registration No: ALAHONESUS NRIC/FIN/Passport No (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( Contact (Tel) Mobile No. : Email Address Date of Accident Time of Accident: Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Reparting Centre Personnel/9 Sign Date: Name:

NRIC/FIN No.: Date: