Late Report

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 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.

ACCIDENT STATEMENT

Date of Submission	17/11/2020 18:23 (SGT)
Date of Accident	14/11/2020 12:30 (SGT)
Exact Location of Accident	25 Pavilion View, Singapore 658439
Additional Location Information	ALONG PAVILION VIEW
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP2138T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IN THE ESTATE OF SANTOKH SINGH GREWAL
NRIC No	SXXXX922F
Email Address	ishwarpal99@hotmail.com
Mobile Phone No	(Phone) +65-81029442
Alternative Phone No	(Home) +65-64676147

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
Variant	-
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
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20/VP05/027733
Cover Note Number	-

DRIVER

Name of Driver	ISHWARPAL SINGH GREWAL
NRIC No	SXXXX418B
Date Of Birth	22/08/1993
Occupation	Indoor

Date Of Driving Pass	31/12/2014
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81029442
Alt. Phone Number	-
Email Address	ishwarpal99@hotmail.com
Address	BLK 7 TOH YI DRIVE
Address complement	#06-283
Postcode	590007
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Vehicle Registration Number of driver's own vehicle	-
Insurance Company of Driver's Own Vehicle	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG PAVILION VIEW. AT THAT TIME THERE WERE VEHICLES PARKED ON BOTH SIDES OF THE ROAD. I THEN TRIED TO MOVE MY VEHICLE (REGN NO: SFP2138T) TO THE LEFT SIDE OF THE ROAD TO GIVE WAY TO AN ONCOMING VEHICLE. IN DOING SO, I LIGHTLY GRAZED THE REAR LEFT PORTION OF A PARKED VEHICLE, BMW (REGN NO: SMU8634D). NEXT, I RANG THE DOORBELL OF THE OWNER AND WE EXCHANGED PARTICULARS. THE OWNER SUBSEQUENTLY OBTAINED AN ESTIMATE FOR THE REPAIRS BUT WE DECIDED TO PROCEED WITH INSURANCE AS THE ESTIMATED REPAIR COST WAS BEYOND MY BUDGET.

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	SMU8634D
Vehicle Manufacturer	BMW
Vehicle Model	320i
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Private car
Name of Driver	-
-	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MINOR
Details of property damaged in accident	LEFT REAR MUDGUARD
No. Of Passenger (Including Driver)	-

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) 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.

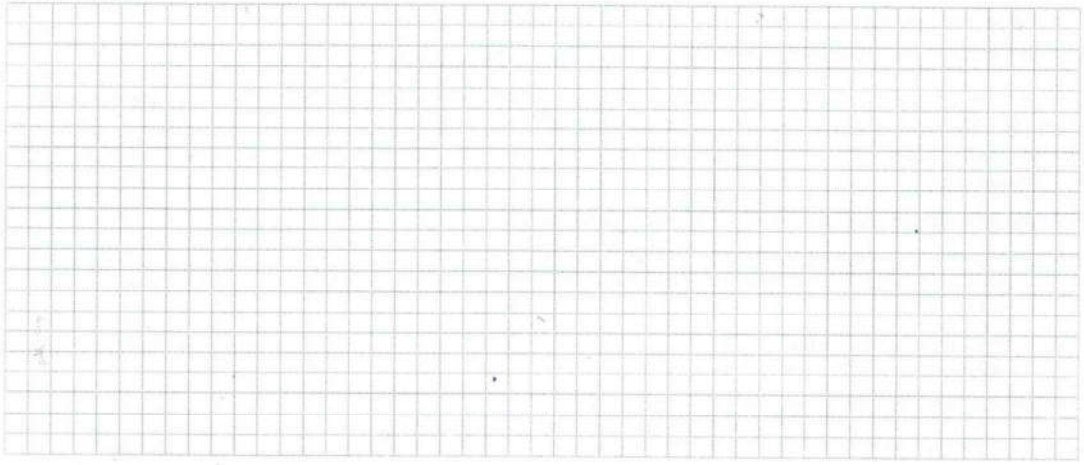
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Report.

DECLARATION

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

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.:

GIARMC SketchPlanForm_V3


SFP
2138 T


汽车冷气零件
AUTO AIR - CON PARTS
SLA9510M
SFP
2138T


HONDA MOTOR CO., LTD. JAPAN
CHASSIS NO.
JHMRC1880EC204073
RC1
T6AE UC8-NH704M -F -C


100
120
km/h
80
140
60
160
40
180
20
200
0
220
5:37
km/l
0
10
20
152646 km
TRIP A 2004.2 km
27°c
1 2 3 4 5 6 7 8
x1000r/min
P
E
F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