

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 Actual Driver
3. Information provided must be as truthful and accurate as possible. Any willful 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 First Submission	23/08/2024 17:25 (SGT)
Reported by	Actual Driver
Date of Accident	14/08/2024 20:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	54 SENOKO RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN8878A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DIGO CORPORATION PTE LTD
Company Reg No	200313006C
Email Address	r.maha@digo.com.sg
Mobile Phone No	(Phone) +65-67527477
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Bentley
Model	BENTAYGA V8
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	3996
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	MA035921

DRIVER

Name of Driver	LOW SIONG YONG
NRIC No	S7378803Z
Date Of Birth	15/05/1973
Occupation	Indoor
Driving Pass Date	04/12/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86998878
Alt. Phone Number	-
Email Address	lowsy@tigo.com.sg
Address	45 JLN SENDUDOK
Address complement	-
Postcode	769470
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB7988U
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JUTTIGA CHINNA VENKATESH
Contact Number	(Phone) +65-82849549
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEH NO. SGN 8878 A
INSURER Etiga
DATE OF ACC 14/8/24 @ 20:20

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/D card)

Sketch Plan

PLEASE
TURN
OVER

Describe Circumstance of the Accident

** NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

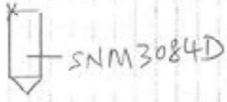
(☒) Claim OD/TP at other workshop ()

Sketch Plan

54 Senoko Rd

A: SGN 8878A
(Parked)

B: GBB 7988 U
Juttiga Chinna
Venkatesh
GXXXX142R
HP-82849549




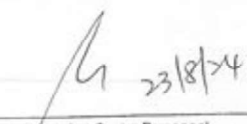
My car was parked at the above compound and was accidentally hit by vehicle B who was making a reverse at the point of time.

Declaration

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


 Policyholder: _____ Date & Time: _____


 Driver's Signature (If driver is not the policyholder) / Date & Time: 23/8/20


 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): (Ys)



















