

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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 First Submission 24/10/2024 11:46 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 24/10/2024 08:55 (SGT) **Exact Location of Accident** Upper Bukit Timah Rd, Singapore Additional Location Information BEFORE HUME AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV9983J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner RAJALAKSHMI D/O KALIDAS NRIC No S8418942A **Email Address** DIMPLEBABY0906@GMAIL.COM Mobile Phone No. (Phone) +65-96727834 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer

Audi Model АЗ Variant 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? Vehicle Category Transmission CC

Vehicle Fuel First Regisration Date Chassis no

Effective Date/Time of Ownership

Private use

No - Claiming third party Private car Auto 1400

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Etiqa Insurance Pte Ltd MA039727

DRIVER

Name of Driver RAJALAKSHMI D/O KALIDAS NRIC No S8418942A Date Of Birth 09/06/1984 Occupation Indoor **Driving Pass Date** 27/05/2009 **Driving License Pass Class** 3 **Driving License Validity** Valid Driving experience 15 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-96727834 Alt. Phone Number **Email Address** DIMPLEBABY0906@GMAIL.COM Address 375 CLEMENTI AVE 4 #12-154 Address complement Postcode 120375 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle 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 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 24/10/24 @0855HRS, I WAS TRAVELLING IN MY VEHICLE(SMV9983J) ALONG UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS ROAD BEFORE HUME AVE ON THE CENTRE LANE MOVING SLOW. SUDDENLY A LORRY (YP6566P) FROM BEHIND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. THE IMPACT WAS SO STRONG THAT PUSHED MY VEHICLE FORWARD AND CAUSED MY VEHICLE TO COLLECT ONTO A TAXI (SHB5998H) AHEAD OF ME 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	YP6566P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	RAMIAH KRISHNASAMY
Contact Number	-
Address	_ *
Address complement	
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB5998H
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Taxi
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	
Insurance Company Name	-
Natura Of Damaga	-
	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	RAJALAKSHMI D/O KALIDAS Female
Phone No	-
Address	=
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV9983J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 7. By the ladgement 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that :

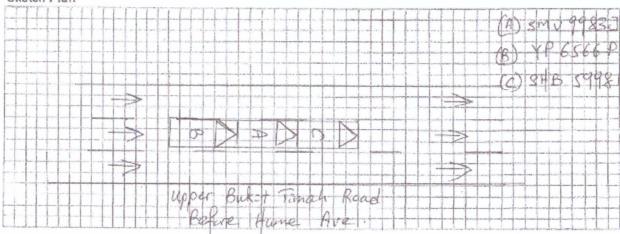
- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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' law yers/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, involces, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes,

Policyholder's Signature / Date &

Oriver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan



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