

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 wilful 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 21/06/2024 16:46 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 21/06/2024 07:22 (SGT)
Exact Location of Accident Singapore
Additional Location Information Along Woodlands Drive 44 driving into Vista Point
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNG8913K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Ramesh S/O Dorasamy
NRIC No SXXXXX010F
Email Address ramsg1965@gmail.com
Mobile Phone No (Phone) +65-98522840
Alternative Phone No +65-98316464

VEHICLE PARTICULARS

Manufacturer Subaru
Model Xv
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number MT/01503440

DRIVER

Name of Driver Ramesh S/O Dorasamy
NRIC No SXXXXX010F
Date Of Birth 20/09/1965

| | |
|--|----------------------------|
| Occupation | Indoor |
| Driving Pass Date | 04/04/1992 |
| Driving experience | 32 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98522840 |
| Alt. Phone Number | +65-98316464 |
| Email Address | ramsg1965@gmail.com |
| Address | Blk 525 Woodlands Drive 14 |
| Address complement | #09-433 |
| Postcode | 730525 |
| 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 | Collision - Cross Junction |
| Weather Conditions | Drizzling |
| Road Surface | Wet |

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) | 2 |
| 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 | - |

PASSENGER 1

| | |
|--------------|-----------------|
| Name | R Ashuveen Ajit |
| Gender | Male |

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

On 21st June 2024, at about 0722hrs, while driving with my son along woodlands drive 44, making a right turn into Vista Point Lobby, a ComfortDelgro taxi (Blue) /SHD4401J/Taxi driver abruptly accelerated from stationary position resulting in collision on right rear passenger door of my vehicle. the impact caused the taxi to drag along the length of my right rear bumper

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 | SHD4401J |
|-----------------------------------|----------|

| | |
|---|---------|
| Vehicle Manufacturer | Hyundai |
| Vehicle Model | Ioniq |
| Vehicle Variant | - |
| Vehicle Colour | Blue |
| Vehicle Category | Taxi |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

SKETCH PLAN

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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.

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' 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
- (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

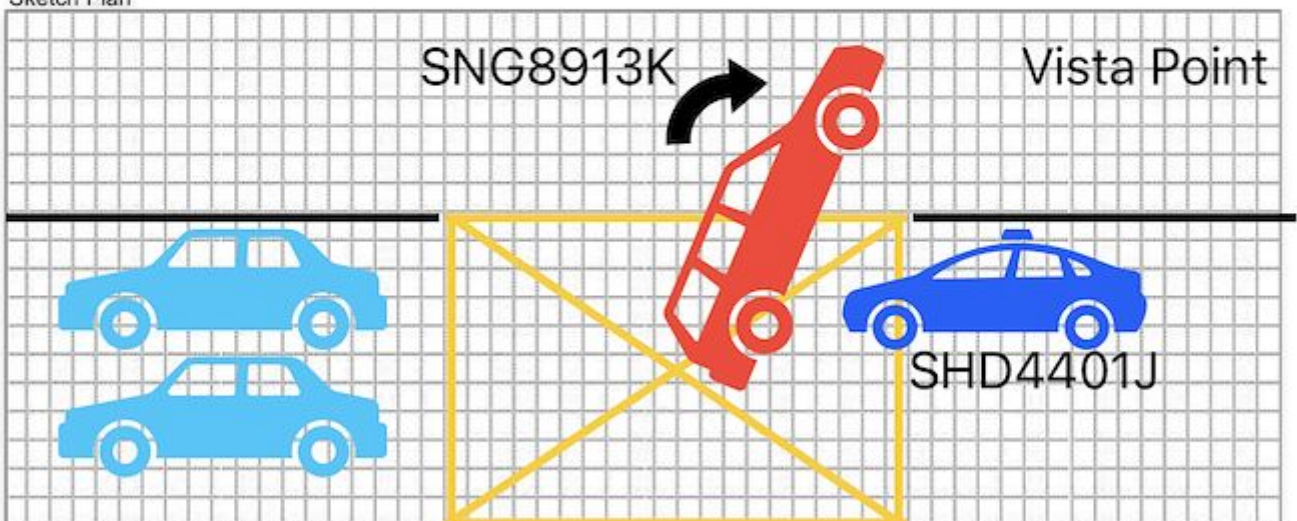
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnesses by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

On 21st Jun 2024 at about 0722hrs ,while driving with my son along Woodlands Drive 44, making a right turn into Vista Point Lobby, a ComfortDelgro taxi (Blue) SHD4401J / taxi driver abruptly accelerated from stationary position resulting in collision on right rear passenger door of my vehicle. The impact caused the taxi to drag along the length of my right rear bumper.

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



Witnessed by Reporting Centre Personnel





























