

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 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 Submission 17/12/2020 15:17 (SGT)
Date of Accident 16/12/2020 14:00 (SGT)
Exact Location of Accident Near 09-01 Collyer Quay, Singapore
Additional Location Information INFRONT OCEAN FINANCIAL CENTRE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR3494B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SEVAK LIMITED
Company Reg No 1XXXXX568R
Email Address rakshan-rai@sev.com.sg
Mobile Phone No (Phone) +65-81565506
Alternative Phone No (Home) +65-81565506

VEHICLE PARTICULARS

Manufacturer Byd
Model E6h
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

INSURANCE COMPANY

Name of Insurance Company Aviva
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 20000621-00043
Cover Note Number -

DRIVER

Name of Driver MANEESH TRIPATHI
NRIC No SXXXX405I
Date Of Birth 20/03/1963
Occupation Indoor

Date Of Driving Pass	04/08/2001
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81565506
Alt. Phone Number	-
Email Address	rakshan-rai@sev.com.sg
Address	18 MARGATE ROAD
Address complement	-
Postcode	438058
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Change/cross lane
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

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 THE ATTACHMENT

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	SHA8681G
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	FAN WAI YENG
NRIC No	SXXXX244H
Contact Number	(Phone) +65-97859448
Address	-
Address complement	-
Postcode	-

Insurance Company Name	First Capital
Nature Of Damage	-
Details of property damaged in accident	FRONT RHT
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

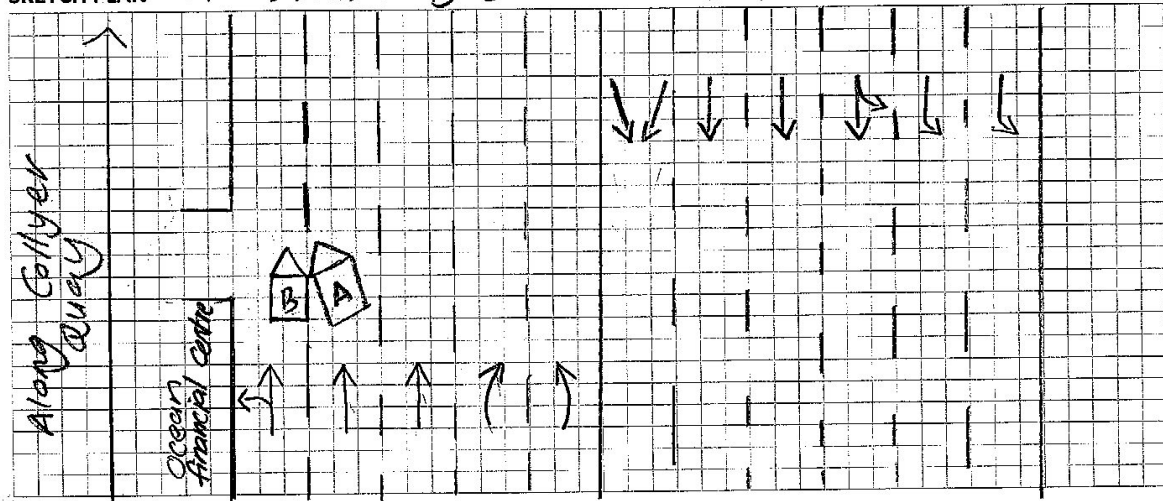
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: *Ida Hashim*
NRIC/FIN No.:

SKETCH PLAN A - SLR23494B B - SHA8681G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① I was driving ~~from~~ towards Fullerton Hotel with OCEAN FINANCIAL Centre on my left side. (Collyer Quay Rd) I was in the second lane as that road has lot of traffic (around 1:45 - 2pm) and wanted to get into the parking of OCEAN FIN Centre.
- ② My speed was 5-6 km per hour or slower! The taxi on my left was stationary on very very slow too. My indicator (left) was ON & blinking for a long time, to show I want to turn.
- ③ I was waiting for the taxi to ~~pan~~ or give way so I could enter the parking. The lane had both → straight and → turn left markings if I remember well. So I had the right!
- ④ Suddenly the taxi no (SHA8681G) driven by Mr. FAN accelerated and SHOT forward glaring & driving very aggressively and swerved & grazed my EV/car, intentionally.
- ⑤ I tried my best to avoid. Hence saved a major damage. He was rude and brash as he drove, and impulsive. ⑥ Later I also found HE HAS "WEAK EYES" HE TOLD ME as he was taking a picture/photo of my LICENCE.

DECLARATION

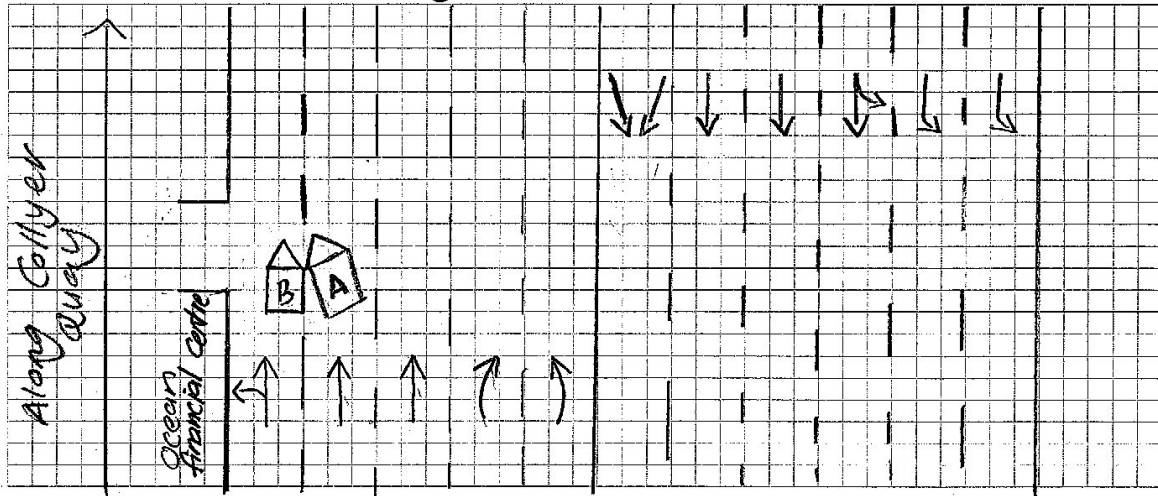
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Del Hashim
NRIC/FIN No.:

SKETCH PLAN A - SLR3494B B - SHA8681G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Det Hashim
NRIC/FIN No.:













GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

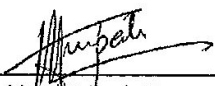
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SD0820CH0001 Vehicle Registration No: SLR3494B
Name(as shown in NRIC) : MANEESH TRIPATHI NRIC/FIN/Passport No : SXXXX405I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 18 MARGATE ROAD Singapore(438058)
Contact (Tel) : Mobile No. : 8156 5506
Email Address : rakshan-rai@sev.com.sg
Date of Accident : 16/12/2020 Time of Accident : 14:00
Place of Accident : INFRONT OCEAN FINANCIAL CENTRE
Insurance Company : AVIVA LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE TO THIRD PARTY CLAIM


Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: