SN09222E0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/02/2022 12:32 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (14/02/2022 12:32 (SGT))

# **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.

- 4. The issue and acceptance of this is form by instrained 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 14/02/2022 12:32 (SGT) Date of Accident 10/02/2022 19:05 (SGT) Exact Location of Accident Yishun Ave 2, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SMJ4021G

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DREAM LEASING PTE LTD Company Reg No 2XXXXX953H **Email Address** dreamcarrentalsg@gmail.com Mobile Phone No (Phone) +65-81288789 Alternative Phone No +65-81288789

#### VEHICLE PARTICULARS

Manufacturer

Model Jazz 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 1300

#### **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD21V10886/VPZ/R01 Cover Note Number

#### DRIVER

Name of Driver MARY DORIS THOMAS MRS MASILAMANY GNANARAJ NRIC No. SXXXX624I

Date Of Birth 14/11/1963 Occupation Indoor Date Of Driving Pass 31/05/2016 Driving experience 5 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-91509172 Alt. Phone Number Email Address dreamcarrentalsg@gmail.com Address 501 SEMBAWANG ROAD Address complement #04-14 Postcode 757706 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Side Swipe Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name MASILAMANY GNANARAJ 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 PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SLR6716S** Vehicle Manufacturer

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

Name of Driver	-
NRIC No	SXXXX335I
Contact Number	(Phone) +65-96493021
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

_	be Circumstances of the Accident
Dat	e of Azcadent: 10 Feb 2022.
_	ne of Accident: at about 7.05pm.
	the above date and time I was driving our SMJ4021 Galong
715	min Are 2 towards Khatib MRT Station, I Passenger on board was
M	husband MASILAMANN GNANARAT S113540-3C.
14	lwas raining heavily intermittently with light shower. I was
	ing on the outermost lane.
1 N	anted to switch lane to the left. I checked behind, to my side
suni	blind spot. I saw that there was ample space for me to
lav	the lane. The civer car was behind and there in the centre
Defr	e and there was about 2 car-3 carcength for me to more in.
	car was almost fully in the lone when I heard a thump and
	a mide
	as moving slowly, signalling all the while because it was raining
and	I did not want to whate cudden move.
the	car that was behind me was now beside me. He had moved
smo	of the state beside my car. His right side viou
all all	northit my left side viow minnor and he continued moving even
en	asive action if he felt I was encroaching into space.
Ins-	ead her proceeded to drive into my car, sticking to the lang.
	The state of the s
	ssumed he climbed out of his car. Tuent but too te asted me,
4	we and suggested that I move the retricles I required and took
PU(	will in a short while another have short con rame, vehicon
to G	ef my driver license Tarked him who he was He pointed to the
au	omobide company no on the car resn, no and said he was from the
00	mpany. at 20:34hr
	1.65/mx Instruct that I had a missed collaborathe driver. I returned the
ca (	immediately. The driver Mr Lim asked me table an insurance reasit.
	aid I would. He then asked me how I was. I said I was okay. He asked
Photo I	if the kid who was the passenger was obay. I told it was a man
hie	he was okay. Out for courtery pake I asked him much was
WA	uld see the dist the west down
	and see the ment and; The call ended
Decla	ration
Ma de	
18	clare the foregoing particulars are true in every respect.
18/9	
SINC	
(3)	Mis Shun 14/02/2
olicyh	ider's Signature / Date & Driver's Signature (If driver is not the colombalded / Date
ime ;	(2/2022 The 11/3/2022 The Personnel

## SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This formmust 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
- 5. Any take reporting may be referred to the Police for investigation.
- 6. The 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 bagement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 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) w ho 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
- (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
- (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 & Driver's Signature (F driver is not the policyholder) / Date Time (1) 2022 & Time 11/2/2072 5 DIV Sketch Plan

















