

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 Submission	29/11/2022 13:59 (SGT)
Reported by	Driver
Date of Accident	28/11/2022 19:58 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLIFFORD PIER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8367X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANANDAKRISHNAN GOVINDARAJU
NRIC No	S7041200D
Email Address	AK.JULE@GMAIL.COM
Mobile Phone No	(Phone) +65-94519468
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	230s
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	1991

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	M0018016

DRIVER

Name of Driver	JUILIANA THERESA DORAI
NRIC No	S6822620A
Date Of Birth	20/06/1968
Occupation	Indoor

Date Of Driving Pass	30/01/2009
Driving experience	13 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91891797
Alt. Phone Number	-
Email Address	AK.JULE@GMAIL.COM
Address	4 MIMOSA VIEW S805584
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL5879L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMMAD NOH BIN OSMAN

NRIC No	S7429586Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JUILIANA THERESA DORAI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE8367X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

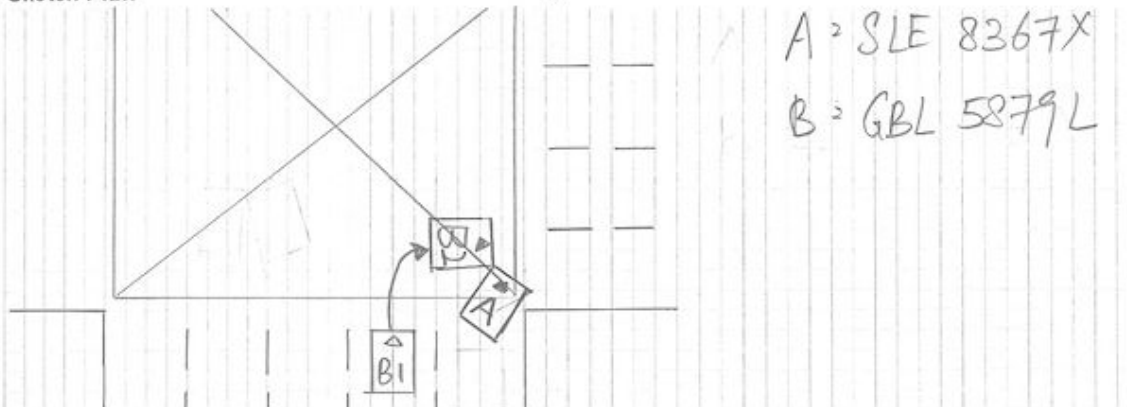
SKETCH PLAN

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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	29/11/22  Driver's Signature (If driver is not the policyholder) / Date & Time 11:15 am	 Witnessed by Reporting Centre Personnel
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Sketch Plan




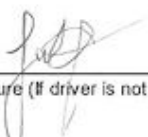
Describe Circumstances of the Accident

On 28.11.2022 at about 19:58 hrs. I was travelling at Clifford Pier. Suddenly, the vehicle B (GBL 5879 L) turn with traffic and it cut into my lane. The vehicle B collision onto front left side of my vehicle (SLE 8367X).

Declaration


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

11.15
am

29/11/22


Witnessed by Reporting Centre Personnel

























eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Juliana Theresa Dorai

Policy No : M0018016

Vehicle No : SLE 8367X ✓

Place of Accident : Clifford Pier

Insured Driver's relationship with Insured : wife

Drink Driving of Insured and/or Insured Driver : no

No of passenger(s) in Insured vehicle : 1 Driver

Injury to Insured and/or Insured driver, please indicate which hospital:
57 medical clinic

Third Party Vehicle No (if any) : GBL 5879 L

No of passenger(s) in Third Party Vehicle : unknown

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
—

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
—

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
no

Traffic Police report (enclosed) : Yes / (No)

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date
 I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) / Date
 Workshop Name: —

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5 Reading of 5 May 2016 0446