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 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.

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 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 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**

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

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1991

INSURANCE COMPANY

Name of Insurance Company Etiga 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? 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 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 Was anybody injured in the Accident? Yes 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 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? Nο 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

Commercial vehicle

MOHAMMAD NOH BIN OSMAN

Accident report SK0U22BT0005

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

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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- Any false 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 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)

Lunderstand, 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' 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 (If driver is not the policyholder) / Date & Time 11.1590

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

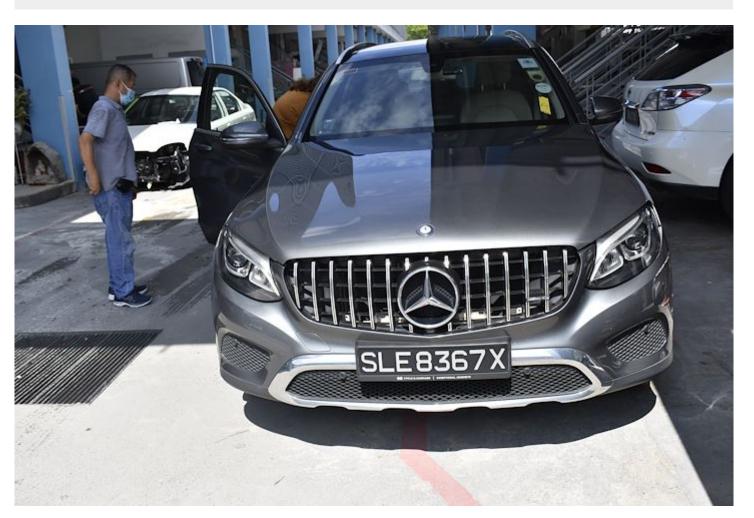
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Driver's Signature (If driver is not the policyholder) / Date

11.15

Policyholder's Signature / Date &

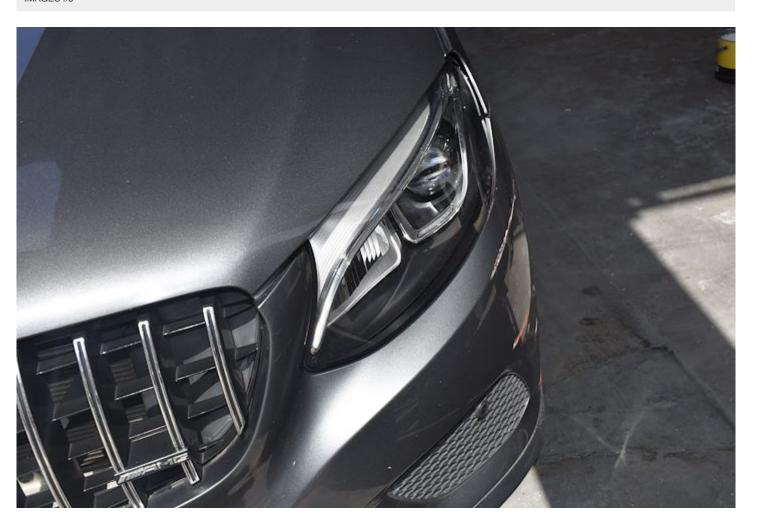
Witnessed by Reporting Centre

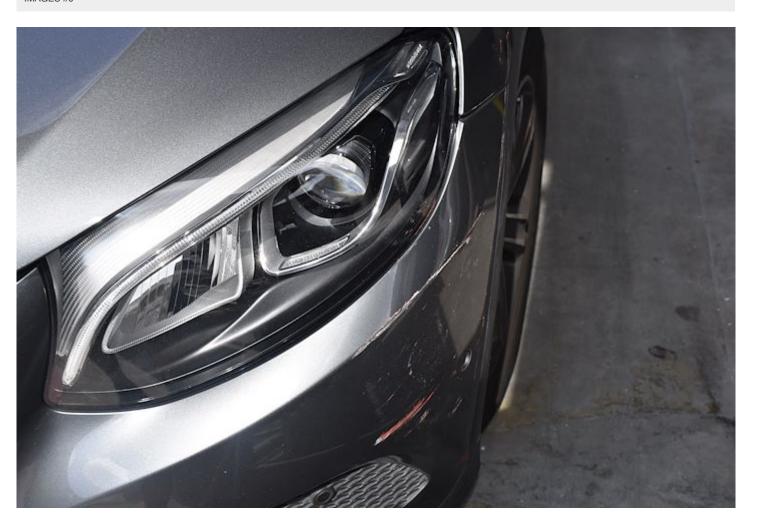




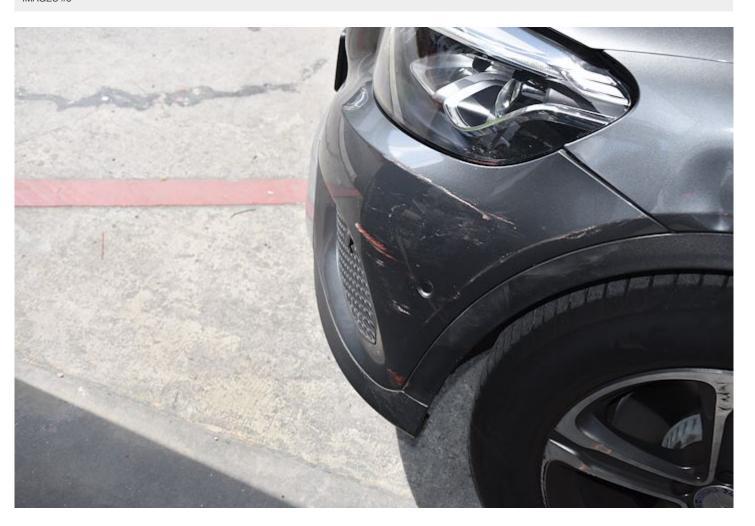


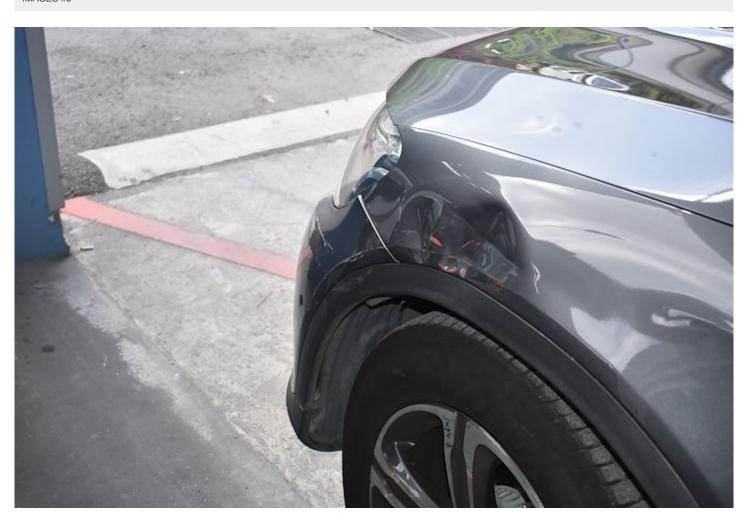


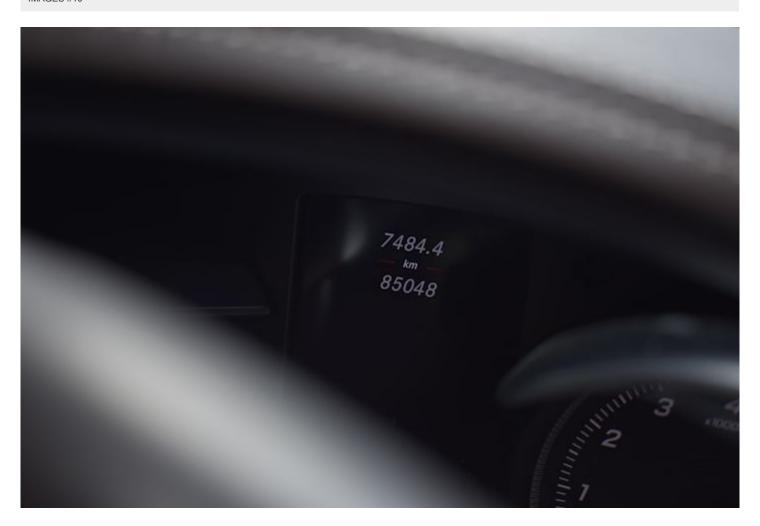
















eriqa

Insurance

INTERVIEW FORM

Policy No Yehicle No Place of Accident Insured Driver's relationship with housed: Drink Driving of Insured and/of Insured Driver: No of passenger(s) in Insured and/of Insured Driver: No of passenger(s) in Insured and/of Insured Driver: Injury to Third Party Vehicle No (if any) GBL 58-79 L No of passenger(s) in Third Party Vehicle: Unknow Injury to Third Party driver ind/or passenger(s), please indicate which hospital: Type of collision and the extensiveness of the damages to all vehicles/Third Party property inpulved: Any witness in the accident fif yes, please indicate Name, Confact Na and a copy of the statements: OC Treffic Police report (enclosed) : Yes / No Please obtain a copy of the diviving licence of Insured driver and/or work permit (where foreign worker is involved) Driver (blane & Signiture) / Date I, affirmed the above information is given to my best injoined the above information is given to my best injoined the above information is given to workshop Name! Unknown is Signiture? / Date I, affirmed the above information is given to my best injoined by (Namb & Magnatalo) / Date Workshop Name! Unknown is Signiture? / Date I, affirmed the above information is given to my best injoined by (Namb & Magnatalo) / Date Workshop Name! Unknown is Signiture? / Date I in third Party passes in the my best injoined by (Namb & Magnatalo) / Date I in third Party passes in the convergence of Insured driver and one of the Magnatalo) / Date I in third Party passes in the convergence of Insured driver and one of the Magnatalo) / Date I in third Party passes in the convergence of Insured driver and one of the driver and on		Name (Driver)	2	Juiliana	Theresa	Dorai
Place of Accident Insured Driver's relationship with Insured: Driver Drink Driving of Insured and/of Insured Driver: No of passenger(s) in Insured vehicle: Injury: to Insured and/or Insured driver, please indicate which hospital: 57 medical clinic Third Perty Vehicle No (if any): GBL 5879 L No of passenger(s) in Third Party Vehicle: unknow Injury: to Insured and/or Insured driver, please indicate which hospital: Type of collision and the extensive insured passenger(s), please indicate which hospital: Type of collision and the extensive insured camages to all vehicles/Third Party property involved: Any witness to the accident (if yas, please indicate Name, Confect Na and a copy of the slatement): 100 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 & Signiture) / Date I, affirmed the above information is given to my lest involved ge Workshop Name: 1146 49360077 1146 49360077 1146 49360077 1146 49360077 1146 49360077 1146 49360077		Policy No	3	Moals	8016	
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