

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	13/02/2023 19:26 (SGT)
Reported by	Driver
Date of Accident	10/02/2023 19:10 (SGT)
Exact Location of Accident	855 Yishun Ring Rd, Singapore 760855
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3185Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRIBECAR PTE LTD
Company Reg No	2XXXXX722Z
Email Address	khierthii@rosetlimo.com
Mobile Phone No	(Phone) +65-68445225
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V06345/VPZ/R01

DRIVER

Name of Driver	THEYVASIGAMANI S/O PERIASAMY
NRIC No	SXXXX670D
Date Of Birth	10/08/1982
Occupation	Outdoor

Date Of Driving Pass	07/02/2004
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-98524778
Alt. Phone Number	-
Email Address	khierthii@rosetlimo.com
Address	BLK 629 YISHUN STREET 61 #02-11
Address complement	-
Postcode	760629
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Major/Minor Rd
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

PLEASE REFER TO SKETCH PLAN

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	SKL7423Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	THEYVASIGAMANI S/O PERIASAMY
Gender	Male
Phone No	(Phone) +65-98524778
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SJL3185Z
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' 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 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 th law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

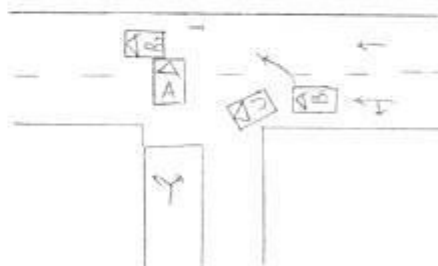
Driver's Signature (If driver is not the policyholder) / Date & Time

BIK 855 Yishun Ring Road

Witnessed by Reporting Centre Personnel

A- SJL 3185 Z

B- SKL 7423 Z



Describe Circumstances of the Accident

I was exiting Blk 855 Yishun Ring Road , trying to get across to the opposite lane (Yishun Ring Road), as vehicle U is turn into Blk 885 Yishun Road, and vehicle B was behind vehicle U at the point of time. So I proceeded to check for if the lane on the opposite was clear before proceeding off. After I proceeded to move off, vehicle B which was behind vehicle U suddenly overtake vehicle U at a very high speed and I could not react in time , hence collided to the rear portion of vehicle B

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









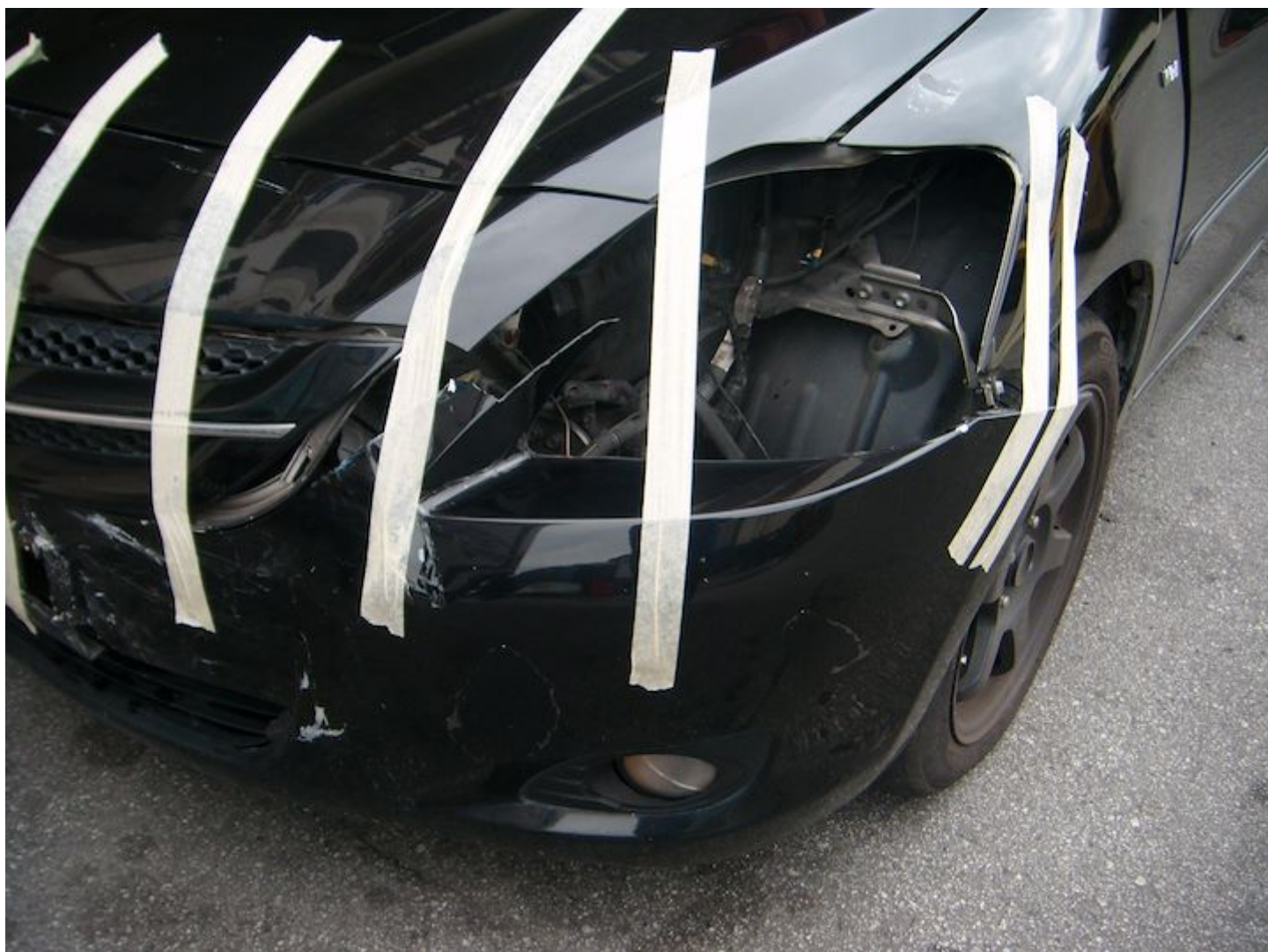
















Having Trouble?
Email support@tribecar.com

Hi THEYVASIGAMANI Penasamy,

Your booking is confirmed! Get ready to drive off with your Tribecar!

Booking Details

Booking Reference

A-100223-2617183

Your Vehicle

Toyota Vios (2007-2013)
(SJL3185Z)
Economy Sedan
Automatic Transmission, Petrol

Pickup

7:00 pm
10 Feb 2023

Return

10:00 pm
10 Feb 2023

Booking Fees

\$27.72

E-Wallet Balance

\$41.96

To view your booking, click [here](#).

Directions to Vehicle



Address and Directions

Blk 880 Yishun Street 81, Surface Carpark
Singapore 760880

Proceed to Deck Surface, Lot 371 to 390
Alternative car park lots if full: 491 to 500

Opposite Orchard Park Secondary School

Things to Note

Amendment / Cancellation Policy

