

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	20/03/2023 15:48 (SGT)
Reported by	Driver
Date of Accident	17/03/2023 15:40 (SGT)
Exact Location of Accident	Newton Circus, Singapore
Additional Location Information	ROUNDAABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE1809K
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE PTE LTD
Company Reg No	199803778Z
Email Address	too_tong.tan@mercedes-benz.com
Mobile Phone No	(Phone) +65-88794923
Alternative Phone No	(Office) +65-82821711

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	RANGE ROVER VELAR 2.0P 250PS R-DYN S S/R
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003907937

DRIVER

Name of Driver	DHANAPAL PRITHIVIRAJAN
Passport No/FIN	G7930164M
Date Of Birth	31/05/1971

Occupation	Outdoor
Date Of Driving Pass	17/07/2008
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88794923
Alt. Phone Number	-
Email Address	too_tong.tan@mercedes-benz.com
Address	12 LEEDON HEIGHTS #06-13
Address complement	-
Postcode	267935
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Roundabout
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	UNKNOWN
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

ON 17/03/2023 AT AROUND 1540HRS, I WAS DRIVING VEHICLE A (SNE1809K) ALONG SCOTTS ROAD. SHORTLY AFTER ENTERING NEWTON ROUNDABOUT, VEHICLE B (SNB120K) MADE A SUDDEN STOP, CAUSING THE FRONT RIGHT PORTION OF VEHICLE A TO COLLIDE ONTO THE REAR LEFT PORTION OF VEHICLE B.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB120K
Vehicle Manufacturer	Ferrari
Vehicle Model	458 ITALIA 4.5L SMT ABS D/AB 2WD 2DR HID
Vehicle Variant	-
Vehicle Colour	White
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
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. Bultifan

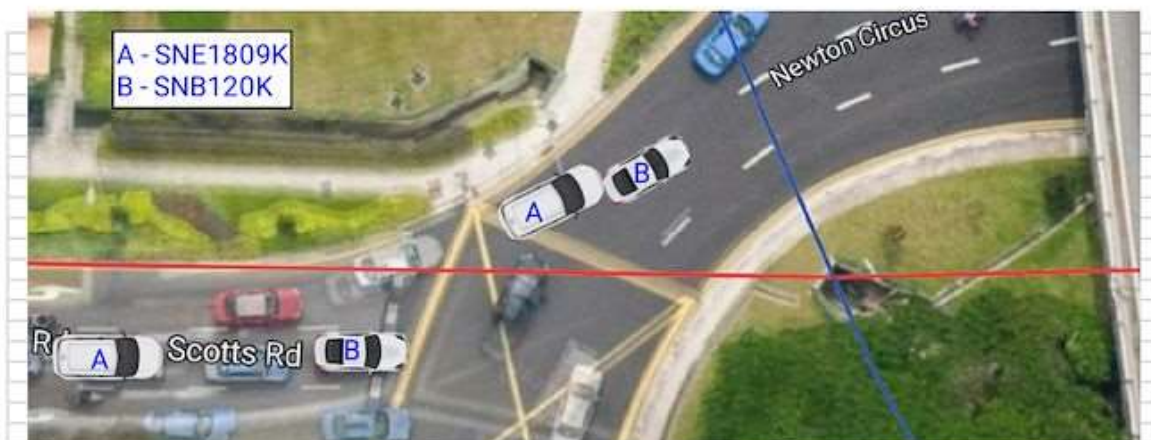
**FLASH ACCIDENT
REPORTING OFFICER**
FRO SUFIYAN



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
18/03/2023 1500HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 17/03/2023 AT AROUND 1540HRS, I WAS DRIVING VEHICLE A (SNE1809K) ALONG SCOTTS ROAD. SHORTLY AFTER ENTERING NEWTON ROUNDABOUT, VEHICLE B (SNB120K) MADE A SUDDEN STOP, CAUSING THE FRONT RIGHT PORTION OF VEHICLE A TO COLLIDE ONTO THE REAR LEFT PORTION OF VEHICLE B.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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
18/03/2023 1500HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO SUFIYAN



Witnessed by Reporting Centre Personnel



























