

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 23:59 (SGT)
Reported by Driver
Date of Accident 19/03/2023 16:00 (SGT)
Exact Location of Accident 215 Upper Thomson Rd, Singapore 574349
Additional Location Information Along Upper Thomson Rd
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNG8743J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HULLAHALY VENKATESH VINAYAK
NRIC No S8186558B
Email Address vinayak.hv@gmail.com
Mobile Phone No (Phone) +65-98358115
Alternative Phone No +65-92366327

VEHICLE PARTICULARS

Manufacturer Tesla
Model MODEL Y RWD
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 0

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SD22V13164

DRIVER

Name of Driver LEE HUI YING
NRIC No S8187279A
Date Of Birth 09/10/1981
Occupation Indoor

Date Of Driving Pass	01/10/2012
Driving experience	10 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92366327
Alt. Phone Number	-
Email Address	lhuiying@gmail.com
Address	48 Jalan Haji Alias,
Address complement	-
Postcode	268542
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	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

I was driving cautiously along Upper Thomson Road at the shop houses. There was a slight awkward bend ahead and I slowly manoeuvre towards it. While I was manoeuvring the vehicle alert went off saying I was too close to the kerb. I was surprised as it doesn't show that I was too near to the kerb. Suddenly due to misjudgement my vehicle moved forward and hit 2 vehicle that was parked at the side of the road.

I stop and came out from my vehicle. There was no drivers around as all the vehicles are parked. I decided to call the police. Police came and help out to call the drivers.

I was told that there was another vehicle at the front that also was involved in the chain collision. I also took. A few pictures. The driver of the vehicle (SDA213A) told me that his vehicle had not much damage . He decided not to report the matter.

I exchange mobile numbers with the 2 drivers. No injury 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	SGN1901L
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Vehicle Manufacturer	Toyota
Vehicle Model	LEXUS ES250 AUTO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	L C TAN
Contact Number	(Phone) +65-81686611
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH4123L
Vehicle Manufacturer	Citroen
Vehicle Model	Berlingo
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Commercial vehicle
Name of Driver	YI LING
Contact Number	(Phone) +65-94300809
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SDA213A
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

20032023

Driver's Signature

(If driver is not the policyholder)

Date & Time:

20032023

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

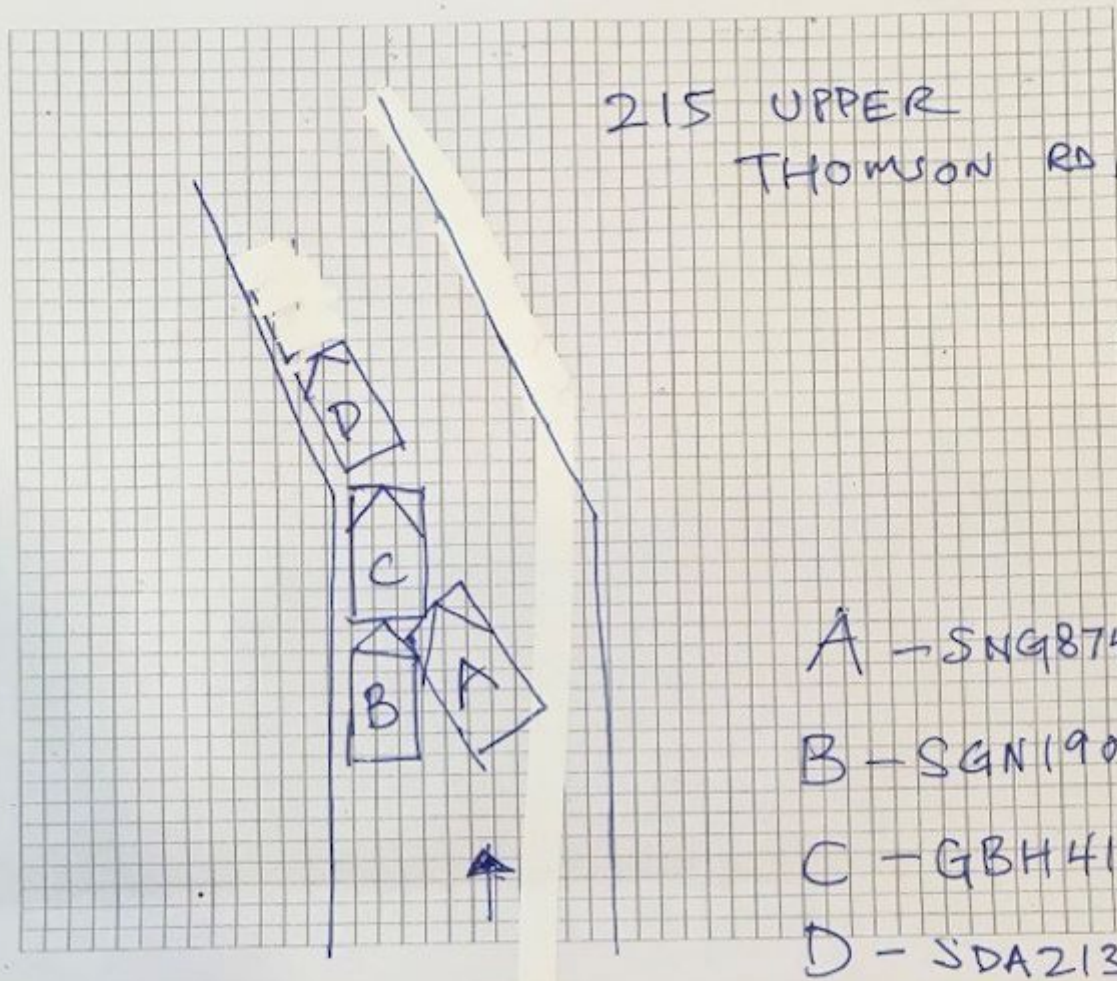
Driver's Signature
(If driver is not the policyholder)
Date & Time: 20032023

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Ver. Jun2022

ACCIDENT DIAGRAM



Policyholder's Signature / Date & Time

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

20/3/23

Witnessed By Reporting Officer
Mohammad Azaly Bin Abdullah
Witnessed by Reporting Centre
Personnel

AJAX MARS PTE LTD









