

# 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 .....	18/06/2023 22:06 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	17/06/2023 08:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG DUNEARN ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNC7827D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SANJAY CHOWDHRY
NRIC No .....	S2705622I
Email Address .....	sanjay@gryphuscap.com
Mobile Phone No .....	(Phone) +65-96328379
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Tesla
Model .....	MODEL 3 STANDARD RANGE
Variant .....	NA
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 .....	0

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SD22V15353

### DRIVER

Name of Driver .....	NEETA CHOWDHRY
NRIC No .....	S2705623G
Date Of Birth .....	25/08/1964
Occupation .....	Indoor

Date Of Driving Pass .....	05/07/1997
Driving experience .....	25 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90622730
Alt. Phone Number .....	-
Email Address .....	neetachowdhry25@gmail.com
Address .....	335 BUKIT TIMAH ROAD
Address complement .....	#08-01
Postcode .....	259718
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? .....	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 traveling along Dunearn Road after completing a u turn from Bukit Timah road and it was a 3 lane traffic and my vehicle was positioned in the 1st lane suddenly third party vehicle which was on the middle lane cross over the continuous double white line and scrapped onto my vehicle front left area. No injuries involved.

#### 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 .....	SFB6999Y
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	S450I
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car

Name of Driver .....	WONG KAM WAN
NRIC No .....	S0131584F
Contact Number .....	(Phone) +65-98184260
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	Passenger 1
Gender .....	Female

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8. **Consent under the Personal Data Protection Act (PDPA)**

(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 vers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Centre  
Personnel


**Describe Circumstances of the Accident**

I was traveling along Dunearn Road after completing a u turn from Bukit Timah road and it was a 3 lane traffic and my vehicle was positioned in in the 1st lane suddenly third party vehicle which was on the middle lane cross over the continuous double white line and scrapped onto my vehicle front left area. No injuries involved.

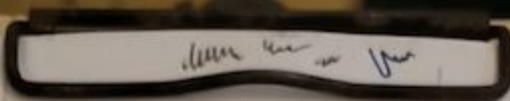
**Declaration**

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

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

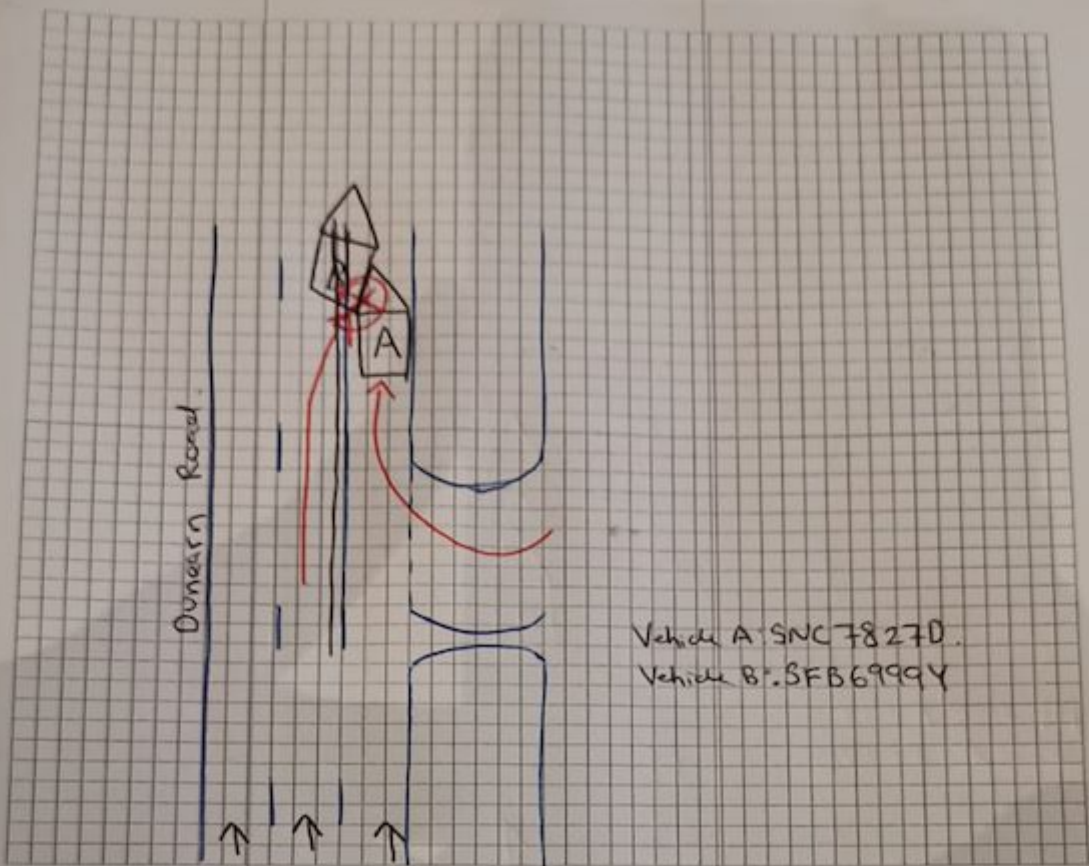
  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 18 June 2023

\_\_\_\_\_  
Witnessed By Reporting Officer  
Mohamed Saifullah S/O Syed Masood  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



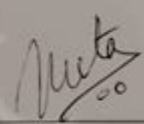
**ACCIDENT DIAGRAM**

Ver. 30042021



Vehicle A: SNC7827D  
Vehicle B: SFB6999Y

Policyholder's Signature  
Date & Time:



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

**VERIFIED BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MOHAMED SAIFULLAH S/O SYED MASOOD

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











