# **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 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

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

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

**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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name

### DETAILS OF POLICE ACTION

Translator's ID

Translator's email

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

Translator's phone number

Original language used in the statement

#### 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 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?

Was there any video captured by Car Camera?

No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSFB6999YVehicle ManufacturerMercedesVehicle ModelS450lVehicle Variant-Vehicle ColourBlackVehicle CategoryPrivate car

Name of Driver NRIC No	WONG KAM WAN S0131584F
Contact Number	(Phone) +65-98184260
Address	<del>-</del>
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

#### SKETCH PLAN

#### 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 Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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)

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' 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.

	Uny.	Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time 18 June 2022	Witnessed by Reporting Centre Personnel	
Sketch Plan	10000000 1 Fee File - Fee Fee		

# Describe Circumstances of the Accident I was traveling along Duneam Road after completing a u turn from Bukit Timah road and it was a 3 fane traffic and my vehicle was positioned in in the 1st fane suddenly third party vehicle which was on the middle fane 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. Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre & Time 18 June 2023 Time Personnel









