

# 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 First Submission .....	15/11/2024 14:53 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	14/11/2024 16:40 (SGT)
Exact Location of Accident .....	Claymore Dr, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKW8228G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GLOBAL SCHOOLS HOLDINGS PTE. LTD.
Company Reg No .....	2XXXXX243D
Email Address .....	greenapple638397@gmail.com
Mobile Phone No .....	(Phone) +65-81809515
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Tesla
Model .....	MODEL 3
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? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	0
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SI23V13774/VPC/R01

### DRIVER

Name of Driver .....	ARJAN TEMURNIKA
NRIC No .....	SXXXX770E
Date Of Birth .....	04/04/1991
Occupation .....	Indoor
Driving Pass Date .....	12/01/2021
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	3 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81809515
Alt. Phone Number .....	-
Email Address .....	greenapple638397@gmail.com
Address .....	10 ST THOMAS WALK #35-09
Address complement .....	-
Postcode .....	238102
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? .....	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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YN4633C
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Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Canter
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LI RENSHAN
Passport No/FIN .....	KXXX0845
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



## Describe Circumstance of the Accident

Was Traveling along claymore drive in my lane  
when suddenly vehicle YN4633C Reversed into my  
lane and collided into my vehicle.

## 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

*[Signature]*

15/11/2024

1:00 PM

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

*[Signature]*  
15/11/2024

































