

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 Authorised 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 Report	01/07/2019 16:32
Date Of Accident	29/06/2019 11:30
Exact Location Of Accident	BENDEMEER ROAD BESIDE BLK 30
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME8252G
Insured/Policyholder	
Name Of Registered Owner	SHABANA AKHTAR D/O FACHRUZZAMAN
NRIC No	S8730984C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91448566
Alternative Phone No	OTHERS-91448566

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3GF CVT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V13488/VPC/R00
Cover Note Number	

Driver

Name of Driver	SHAISTA AKHTAR D/O FACHRUZZAMAN
NRIC No	S8730984C
Date Of Birth	08/10/1987
Occupation	INDOOR
Date Of Driving Pass	29/10/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90673267
Fax Number	
Contact Number	OTHERS-90673267
Email Address	NOEMAIL

Address	BLK 632 VEERSAMY ROAD #02-102
Postcode	200632
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN:

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5881E
Vehicle Make/Model/Colour	RENAULT / LATITUDE 2.0L DCI AUTO D/AB 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

- 1 JUL 2019

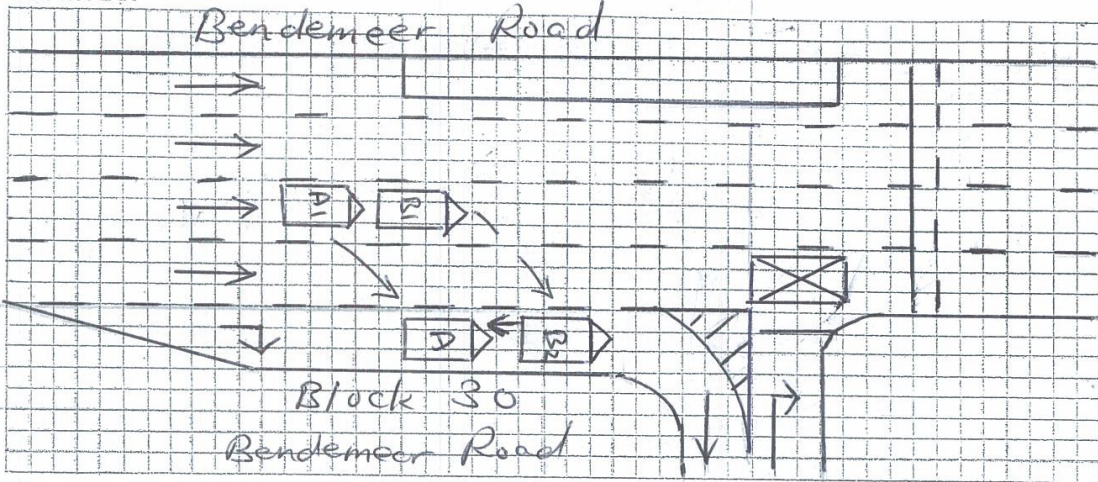
IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4

Policyholder's Signature
Date & Time:

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

Reporting Centre Representative's Signature
Name: Singapore
Tel: 6741669
NRIC/FIN No.: Fax: 67492305
Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/06/2019 at about 1138 hrs at along Bendemeer Road beside block 30. I was travelling on the lane 2 and came to a stop behind vehicle (B), suddenly vehicle (B) alighted his vehicle and claim that I collided onto his vehicle. Police came and mentioned that there was no damages at the Rear of Vehicle (B) and was told to shift our vehicles into the car park for our own settlement. While doing so, Vehicle (B) stopped at the car park entrance and made a reversing hence collided onto my front portion of my vehicle (A) causing damages to my vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

1 JUL 2019

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUNT (VAC)
23 KAKI BUKIT AVE 4
Singapore 415
Tel: 6741669
Fax: 67492305
Email: vackb@singnet.com.sg

CRIMINAL RECORD: VS

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

