

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 Submission	15/03/2021 11:31 (SGT)
Date of Accident	13/03/2021 20:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CROSS JUNC OF ARAB STREET & NORTH BRIDGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL9786X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FARAH BINTE NOOR MOHAMED
NRIC No	SXXXX040H
Email Address	farah_noor_mohamed@moe.edu.sg
Mobile Phone No	(Phone) +65-92345061
Alternative Phone No	+65-92345061

VEHICLE PARTICULARS

Manufacturer	Honda
Model	HONDA / CRV 1.5 TURBO CVT 7SEATER
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	Private car

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD19V13038/VPC2/R00
Cover Note Number	-

DRIVER

Name of Driver	FARAH BINTE NOOR MOHAMED
NRIC No	SXXXX040H
Date Of Birth	13/12/1979
Occupation	Indoor

Date Of Driving Pass	19/02/2000
Driving experience	21 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-92345061
Alt. Phone Number	+65-92345061
Email Address	farah_noor_mohamed@moe.edu.sg
Address	BLK 856E TAMPINES STREET 82 #02-202
Address complement	-
Postcode	525856
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NORLIZAH ABDULLAH
Gender	Female

PASSENGER 2

Name	AZIZ ABDUL RASHID
Gender	Male

PASSENGER 3

Name	MOHSAN ALI
Gender	Male

PASSENGER 4

Name	TASNEEM MOHSAN ALI
Gender	Male

PASSENGER 5

Name	SHEHZAAD MOHSEN ALI
Gender	Male

PASSENGER 6

Name	PERVEENA NOR MOHAMED
Gender	Female

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



REFER ATTACHED;

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC754L
Vehicle Manufacturer	Mercedes
Vehicle Model	MERCEDES BENZ / C 180 KOMPRESSOR
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

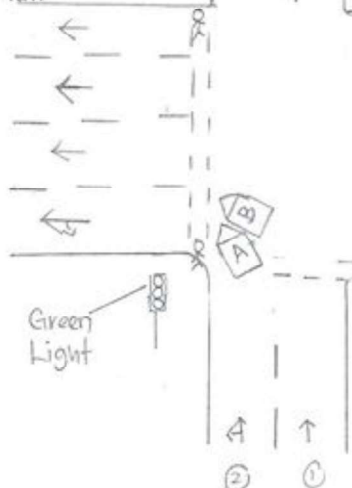
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SDL 9786 X
 B = SKC 754 L
 Cross Junction of
 Arab Street and
 North Bridge Road

Defect is corrected

^a χ^2 test for independence. χ^2 = 10.2, df = 1, p = .002.
^b χ^2 test for independence. χ^2 = 10.2, df = 1, p = .002.
^c χ^2 test for independence. χ^2 = 10.2, df = 1, p = .002.
^d χ^2 test for independence. χ^2 = 10.2, df = 1, p = .002.
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^w χ^2 test for independence. χ^2 = 10.2, df = 1, p = .002.
^x χ^2 test for independence. χ^2 = 10.2, df = 1, p = .002.
^y χ^2 test for independence. χ^2 = 10.2, df = 1, p = .002.
^z χ^2 test for independence. χ^2 = 10.2, df = 1, p = .002.

$$D_{\text{eff}} = \frac{1}{2} \left(\frac{1}{D_1} + \frac{1}{D_2} \right) \quad (1)$$

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Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vac.com.sg

On 13.03.2021 at about 20:05 hours at Cross Junction of Arab Street and North Bridge Road. I was stationary on lane 2 (along Arab Street towards Weld Road) and waiting for the pedestrians to cross by the above mentioned junction. When the pedestrians had finished crossing by and I was about to make a left turn into North Bridge Road, suddenly I heard a loud bang and felt an impact. When I alighted, I realised it was vehicle (B) that collided onto the Front right hand side of my vehicle (A).

I wish to state that I have 6 passengers inside my vehicle (A).

Vehicle (A): SDL 9786X

Vehicle (B): SKC 754L

A handwritten signature in black ink, appearing to be 'J. Paul', is written on the page.