

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	05/11/2021 11:54 (SGT)
Date of Accident	04/11/2021 20:51 (SGT)
Exact Location of Accident	16 Clementi Rd, Singapore 129745
Additional Location Information	JUNCTION OF U-TURN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ9359L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SARAVANAN S/O GOVINDASAMY
NRIC No	SXXXX187H
Email Address	VANAN@FITMANTRAS.COM
Mobile Phone No	(Phone) +65-98525309
Alternative Phone No	+65-67767136

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V01454/VPC/R00
Cover Note Number	-

DRIVER

Name of Driver	SARAVANAN S/O GOVINDASAMY
NRIC No	SXXXX187H

Date Of Birth	28/06/1978
Occupation	Indoor
Date Of Driving Pass	23/08/1999
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98525309
Alt. Phone Number	+65-67767136
Email Address	VANAN@FITMANTRAS.COM
Address	BLK 509 WEST COAST DRIVE
Address complement	#09-289
Postcode	120509
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	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

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

ON THE 4TH OF NOVEMBER 2021 ABOUT 20:51 CAR PLATE NUMBER SKE 4315 J AN AUDI HIT ME ON THE LEFT SIDE PANEL OF MY CAR SGZ 9359 L, AUDI BLACK. I WAS DRIVING ALONG 16 CLEMENTI ROAD S129745 AT THE JUNCTION WAS GREEN LIGHT AND I MADE A U-TURN AS I DROVE PASS A CAR ON MY LEFT HAND SIDE, CAME OUT FROM A SLIP ROAD AND COLLIDED ON MY LEFT HAND SIDE OF MY REAR. I HAVE SUBMITTED MY VIDEO TO AUDI SINGAPORE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE4315J
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	ALKA KAPOOR
Contact Number	(Phone) +65-94517580

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

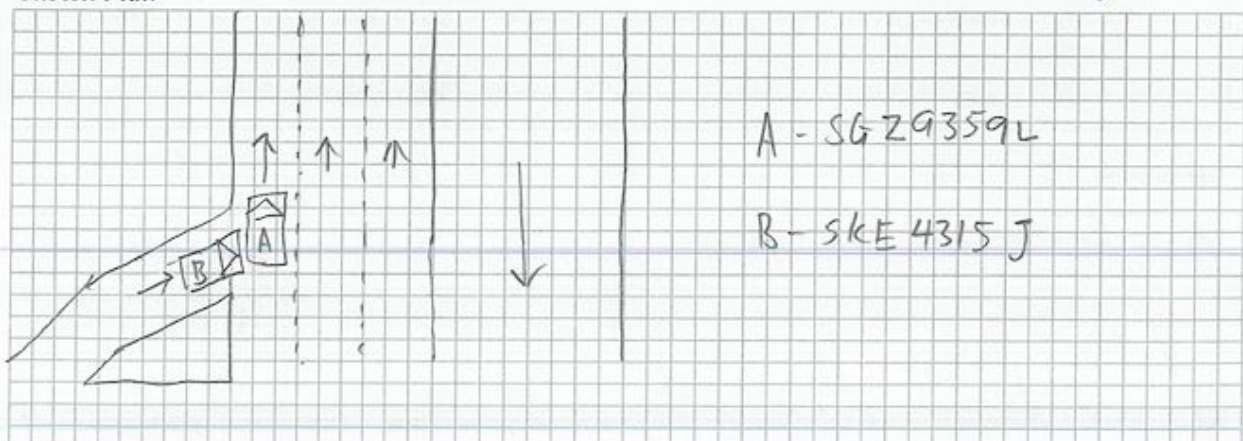
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

9. Soam 05/11/21
Policyholder's Signature / Date & Time

9. Soam 05/11/21
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel Tony Fong

Sketch Plan



Describe Circumstances of the Accident

on the 4th of November 2021 about 20.51 car plate number
SKE 4315J an Audi Hit me on the left side panel of my car
SG2 9359L Audi Black

I was Driving along 16 Clementi Rd Singapore 129745
At the Junction was green light, And I made a u-Turn
As I Drove pass a car on my left hand side, came out
from a slip Road and collided on my left hand side of my
rear.

And I have Submitted my Video to Audi Singapore.

Declaration

We declare the foregoing particulars are true in every respect.


05/11/21 9.52am
Policyholder's Signature / Date &
Time

9.52am  05/11/21
Driver's Signature (if driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel Tony Fong





































