

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 26/05/2022 10:20 (SGT)
Date of Accident 25/05/2022 09:10 (SGT)
Exact Location of Accident 295 Changi Rd, Singapore 419773
Additional Location Information CARPARK LOT 18
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL2180M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LIVINCI BUILDERS PTE. LTD.
Company Reg No 2XXXXX650H
Email Address manikm463@gmail.com
Mobile Phone No (Phone) +65-98766875
Alternative Phone No (Office) +65-88561280

VEHICLE PARTICULARS

Manufacturer Maxus
Model G10
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 1995

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SI22V03693/VCV/R01
Cover Note Number -

DRIVER

Name of Driver MANIK
Passport No/FIN GXXXX298L

Date Of Birth	06/04/1984
Occupation	Outdoor
Date Of Driving Pass	24/03/2017
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88561280
Alt. Phone Number	-
Email Address	manikm463@gmail.com
Address	LORONG H TELOK KURAU
Address complement	TG MANSION
Postcode	426102
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAJENDIRAN ARUL
Gender	Male

PASSENGER 2

Name	ANNADURAIMUTHULINGAM
Gender	Male

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL4189U
Vehicle Manufacturer	-

Vehicle Model -
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

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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.

LIVINCI BUILDERS PTE LTD
www.livincibuilders.com
UEN: 205230970

(Signature)

(Signature) 26/05/2022
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

295 Changi Rd Car Park Lot 18

Vehicle A - 4B L280M
Vehicle B - S R 41894

Describe Circumstances of the Accident

On the stated date and time, I, vehicle A (G9L2180M) was turning out from the car park lot to Exit the car park after I check the vehicle on the main road was clear. Out of sudden, vehicle B (SKL4189U) cut into my lane and collided onto the front left portion of my vehicle causing damages.

Declaration

We accept that the foregoing particulars are true in every respect.

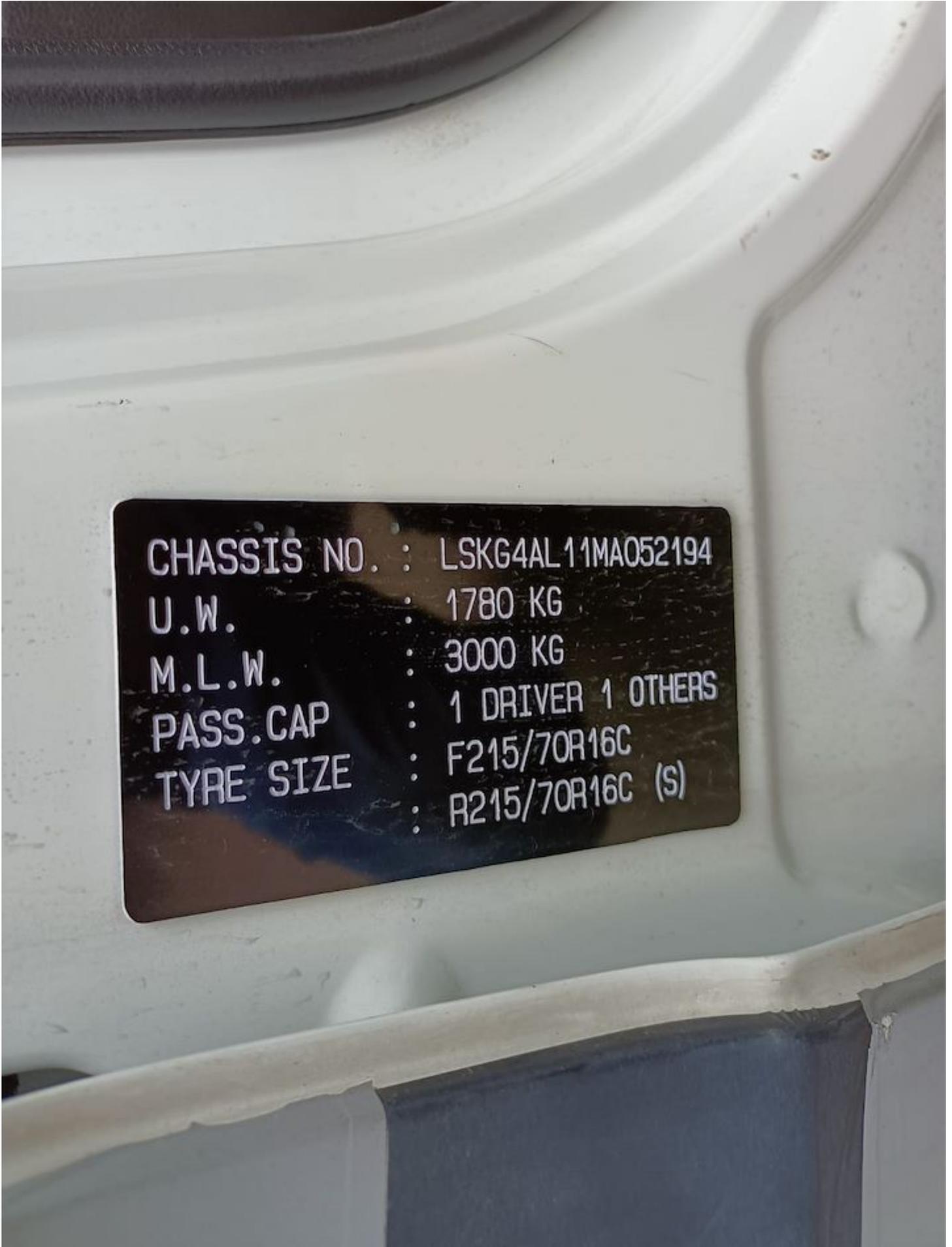


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
26/05/2022





















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

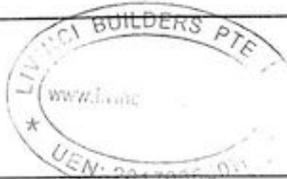
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09225Q0003 Vehicle Registration No: G0L 2180M
 Name (as shown in NRIC): Livinci Builders Pte Ltd NRIC/FIN/Passport No: 2017036504
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 180, Toa Payoh Central, #01-324 Singapore 310185
 Contact (Tel): _____ Mobile No.: 9876 6875
 Email Address: manikm463@gmail.com
 Date of Accident: 25/05/2022 Time of Accident: 0910hrs
 Place of Accident: 295 Changi Rd Carpark Lot 18
 Insurance Company: Liberty

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I would like to change to claim other parties.



 Policyholder / Driver's Signature

Date:

30/05/2022

 Reporting Centre Personnel's Signature
 Name: Rishi Kohli
 NRIC/FIN No.: _____
 Date: