

# 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 Submission .....	27/03/2023 19:07 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	25/03/2023 14:55 (SGT)
Exact Location of Accident .....	Changi St, Singapore
Additional Location Information .....	OLPS CHURCH
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SFQ1976S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	VIVIENE KAUR SANDHU MRS VIVIENE CERASI
NRIC No .....	SXXXX159G
Email Address .....	vivienesandhu@cliffordlaw.sg
Mobile Phone No .....	(Phone) +65-97968984
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	LandRover
Model .....	Discovery
Variant .....	RANGE ROVER
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 .....	1997

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SD22V06588/VPC/R00

### DRIVER

Name of Driver .....	VIVIENE KAUR SANDHU MRS VIVIENE CERASI
NRIC No .....	SXXXX159G
Date Of Birth .....	06/03/1993
Occupation .....	Indoor

Date Of Driving Pass .....	13/05/2008
Driving experience .....	14 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97968984
Alt. Phone Number .....	-
Email Address .....	vivienesandhu@cliffordlaw.sg
Address .....	31 LORONG SIGLAP
Address complement .....	-
Postcode .....	456825
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 .....	Hit and run / Vandalism / Damaged whilst parked
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	VEER KAUR (MOTHER)
Gender .....	Female

#### PASSENGER 2

Name .....	TARA CERASI (DAUGHTER)
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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDT2081A
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) .....	-



Describe Circumstances of the Accident

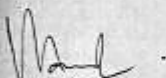
VEH A was stationary waiting in queue.

VEH B reversed and collided into VEH A's rear right portion.

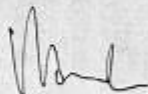
That's all.

Declaration

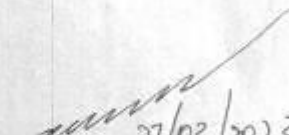
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 27/03/2023  
Witnessed by Reporting Centre Personnel



