# **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 witholding 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.

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   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**

No - Claiming third party

Vehicle Registration Number SFQ1976S

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 Private use

accident

Are you claiming under your own insurance policy for repair to your vehicle? 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 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) 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 PASSENGER 2 Name TARA CERASI (DAUGHTER) Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο 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?

# **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)	-

## SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Formby 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.
- The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 anotor 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" he haverers' law yers/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 end/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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (N) 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 wiel as on the external cover of envelopes/mail packages); and/or
- (v) corrolying 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' law yers/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 GM to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Dele & Driver's Signature (if driver is not the policyholder) / Dele Witnessed by Reporting Centre Personnel

Sketch Plan

CHONNI NORO AT OUP! CHURCH

VERIE SFQ 1976S

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Declaration			
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blicyholder's Signature / Date ime	& Driver's Signature (if driver is not & Time	the policyholder) / Date Witness Persons	ed by Reporting Centre
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