SN0923650005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/06/2023 14:54 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (05/06/2023 14:54 (SGT))

# **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.

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 05/06/2023 14:54 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 17/05/2023 12:00 (SGT) Exact Location of Accident Singapore Additional Location Information CARPARK LOT OF 8 UBI RD 2 ZERVEX Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SLB6826S** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEN ZHANGJIE Passport No/FIN GXXXX694P Email Address CHENZHANGJIE513@GMAIL.COM Mobile Phone No (Phone) +65-84360662 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Mobilio 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

No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto

CC 1497

**INSURANCE COMPANY** 

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD23V05011/VPE/R00

DRIVER

Name of Driver HOSSEIN MOHAMMAD IQBAL Passport No/FIN GXXXX148T Date Of Birth 21/08/1989 Occupation Outdoor

Date Of Driving Pass 29/04/2022 Driving experience 1 YEAR AND 1 MONTH Gender Mobile Number (Phone) +65-91328613 Alt. Phone Number Email Address CHENZHANGJIE513@GMAIL.COM Address 53 UBI AVE 1 Address complement #01-55 Postcode 408934 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 No Collision Weather Conditions Raining Road Surface Wet 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 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 CIRCUMSTANCES OF ACCIDENT. 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 GBD4168D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

Name of Driver
Contact Number

Address			 
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 <b>-</b>

#### SKETCH PLAN

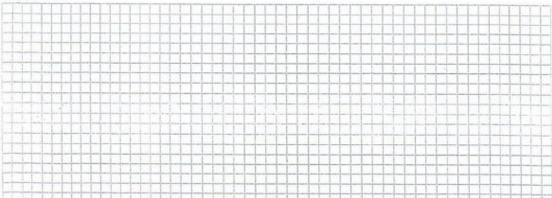
## IMPORTANT NOTICE

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- of Sigapore (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)
- I Understand, acknowledge, agree and consent that
- (a) Ity insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose a nd/or process my personal data/personal information set out in this [form] and any other personal information provided by me or pictures of pictures
- (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' 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 GIA 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 / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan



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be Circumstance of the Accident			
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and went for my	y during class. W	ien was	
0	vousember that	l bit any.	
parking I did not	10.		
Vehicle during the	fine.		
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			7
			1
			-
Declaration  I/We declare the foregoing particulars are true in ev	very respect.		
I/We declare the foregoing particulars and use an or-		W. Kongress 24	
	time	plw:	nonnal
Policyholder's Signature / Date & Time	ortver's Signature (if driver is not the policyholder)	Witnessed by Reporting Centre Pen (Name as in NRIC/ID card)	
/ Date &			;
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