

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	10/06/2023 12:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/06/2023 15:15 (SGT)
Exact Location of Accident	Near Orchard Rd, Hilton Singapore Orchard, Singapore 238897
Additional Location Information	TURNING INTO ORCHARD LINK FROM ORCHARD TURN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE4420C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SARAVANAN S/O DORAIKANNNOO
NRIC No	S8323581J
Email Address	vana.6883@gmail.com
Mobile Phone No	(Phone) +65-91050756
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X3
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V07549/VPC2/R00

DRIVER

Name of Driver	SARAVANAN S/O DORAIKANNNOO
NRIC No	S8323581J
Date Of Birth	06/08/1983

Date Of Driving Pass	14/09/2007
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91050756
Alt. Phone Number	-
Email Address	vana.6883@gmail.com
Address	APT BLK 109 WOODLANDS VIEW
Address complement	#14-20
Postcode	737712
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 - Change/cross lane
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
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 9TH OF JUNE, AROUND 3:15 PM, I WAS MAKING A TURN FROM ORCHARD TURN GOING LEFT INTO ORCHARD LINK. I CAME TO A HALT AS IT WAS RED LIGHT. THEN I SUDDENLY FELT AN IMPACT ON MY CAR FROM THE REAR RIGHT SIDE. I REALISED A COMFORT DELGRO TAXI (BLUE) WITH REGISTRATION NUMBER SHD3275M HAD HIT MY CAR AS HE WAS FILTERING ACROSS THE CHEVRON MARKING ON MY RIGHT. THE TAXI DRIVER OF SHD3275M SHOWED HIS HAND SIGN ACKNOWLEDGING HIS FAULT. WE PULLED OVER THE LOADING BAY OF TAKASHIMAYA TO EXCHANGE NECESSARY DETAILS AND ASSESS THE DAMAGE THAT OCCURRED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3275M
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Colour	-
Vehicle Category	Taxi
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")

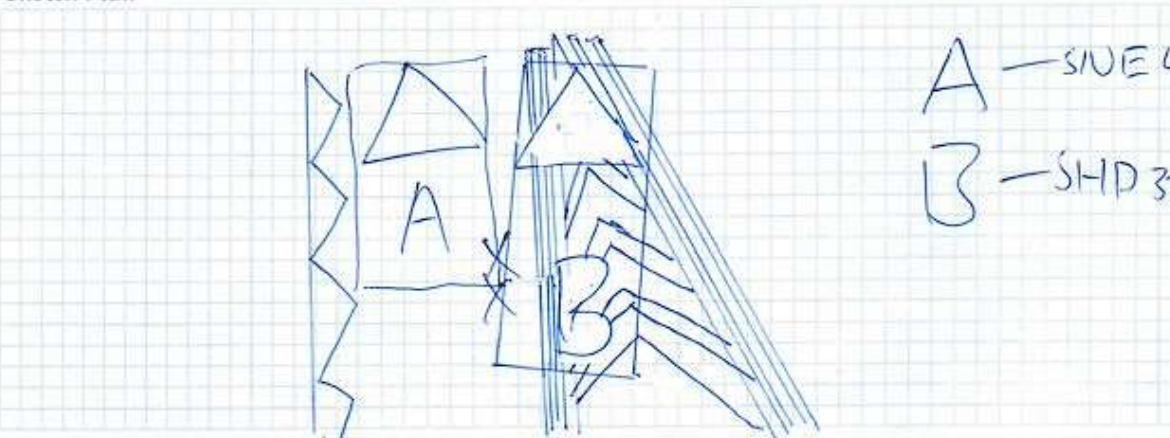
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

10/6/2023 
 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the 9th June around 3.15pm, I was making a turn from Orchard Turn going left into Orchard Link. I came to a halt as it was red light. And then I suddenly felt an impact on my car from the rear right side. I realised a Comfort Delgro Taxi (Blue) with registration number SHD3273M had hit my car as he was filtering across the chevron markings on my right. The taxi driver of SHD3273M showed his hand sign acknowledging his fault. We pulled over to the loading bay of Tekongmaya to exchange necessary details and assess the damage occurred.

Declaration

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

Witnessed by Reporting Centre
Personnel





































