SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORIANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

 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

- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or witholding or material facts may allow insurance companies to reputiate policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	24/07/2023 10:41 (SGT) Both Policyholder and Actual Driver 23/07/2023 15:15 (SGT) CTE, Singapore TOWARDS AYE BEFORE BRADDELL EXIT Singapore
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Additional Location Information Country/State of Loss	TOWARDS AYE BEFORE BRADDELL EXIT Singapore		
DETAILS (OF OWN VEHICLE		
Vehicle Registration Number	SMN8978Z		
INSURED/POLICYHOLDER			
Is company? Name Of Registered Owner	110		
NRIC No	THE THE STATE OF THE PARTY OF T		
Email Address	0,000,000,0		
Mobile Phone No			
Alternative Phone No	- (Fildle) +05-916/6690		
VEHICLE PARTICULARS			
Manufacturer	Toyota		
Model	Vios		
Variant			
Exact purpose for which vehicle was being used at time of			
accident Are you claiming under your own insurance policy for repair to	Private use		
your vehicle?	No - Claiming third party		
Vehicle Category	Private car		
Transmission	Auto		
cc	1497		
INSURANCE COMPANY			
Name of Insurance Company	Liberty Insurance Pte Ltd		
Policy Number / Cover Note Number	SI23V01657/VPE/R02		
DRIVER			
Name of Driver	MUHAMMAD SAJID KALLA PUTHIYA VEETTIL		
NRIC No	SXXXX964J		

SXXXX964J

29/05/1974 Indoor



Date Of Birth

Date Of Driving Pass 02/01/2010 Driving experience 13 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-91876690 Alt. Phone Number Email Address sajid.mohd@gmail.com Address BLK 458 ANG MO KIO AVENUE 10 #21-1590 Address complement Postcode 560458 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 - Head to Rear 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? Yes Was any injured conveyed to hospital by ambulance? No 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? 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 SLD3607S Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

LIM LAY TEE

SXXXX942A

NRIC No

Vehicle Colour
Vehicle Category

Name of Driver

Contact Number	(Phone) +65-96351283
Address	-
Address complement	
Postcode	_
Insurance Company Name	
Nature Of Damage	1 1 1 1 1
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
0 1	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	MUHAMMAD SAJID KALLA PUTHIYA VEETTIL Male (Phone) +65-91876690
Address Complement Post Code	
Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- SLIGHT INJURY SMN8978Z Yes No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Reason report <u>exertacity</u> the details of this ascident to oppose up the cising process.
- 2. This Form shell be completed by the Paileyholder and or the Avitaries & Oriver.
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- 4. The hause and acceptance of this form by insurance comparies to not an editorable of policy lability on the part of the insurance.
- companies

 5. <u>Any false recording may be referred to the Folice for Missatination</u>

 5. The report wis before accelling the insurers of the GSA, Records transported Continues also before the General insurence Automation of Singapores (GSA) for archiving and may copies of this report will fee be made an above upon application by managing continue.
- They the belignment of this report to the houses, you hereby consent to the archiving of this report and exercise control report being made archiving of this report as the perfect acts in contral of the report as the perfect acts in contral of the second 8. Consent under the Personal Data Protection Act (POPA)

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