

# 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 First Submission .....	07/08/2024 14:21 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	06/08/2024 06:00 (SGT)
Exact Location of Accident .....	334b Yishun Street 31, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJW9973T
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MAJESTIC AUTO
Company Reg No .....	53442684X
Email Address .....	REPORTING@MYCAR.SG
Mobile Phone No .....	(Phone) +65-84316496
Alternative Phone No .....	(Office) +65-98888885

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR
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 your vehicle? .....	No - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1591
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D22MFL0002663_02

### DRIVER

Name of Driver .....	V HAREHARAN
NRIC No .....	S9741757A
Date Of Birth .....	19/11/1997
Occupation .....	Outdoor
Driving Pass Date .....	17/04/2024
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84316496
Alt. Phone Number .....	-
Email Address .....	REPORTING@MYCAR.SG
Address .....	335B YISHUN STREET 31 #09-59
Address complement .....	-
Postcode .....	762335
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Fire, explosion or lightning
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	No
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? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20240806/2031

#### ATTACHMENT(S)

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

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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) 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.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

**Sketch Plan**

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

**06-08-24/19:05 HRS**



\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

334B YISHUN STREET 31 MSCP  
A-SJW9973T  
B-FIRE



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT L/20240806/2031

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

06-08-24/19:05 HRS

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel









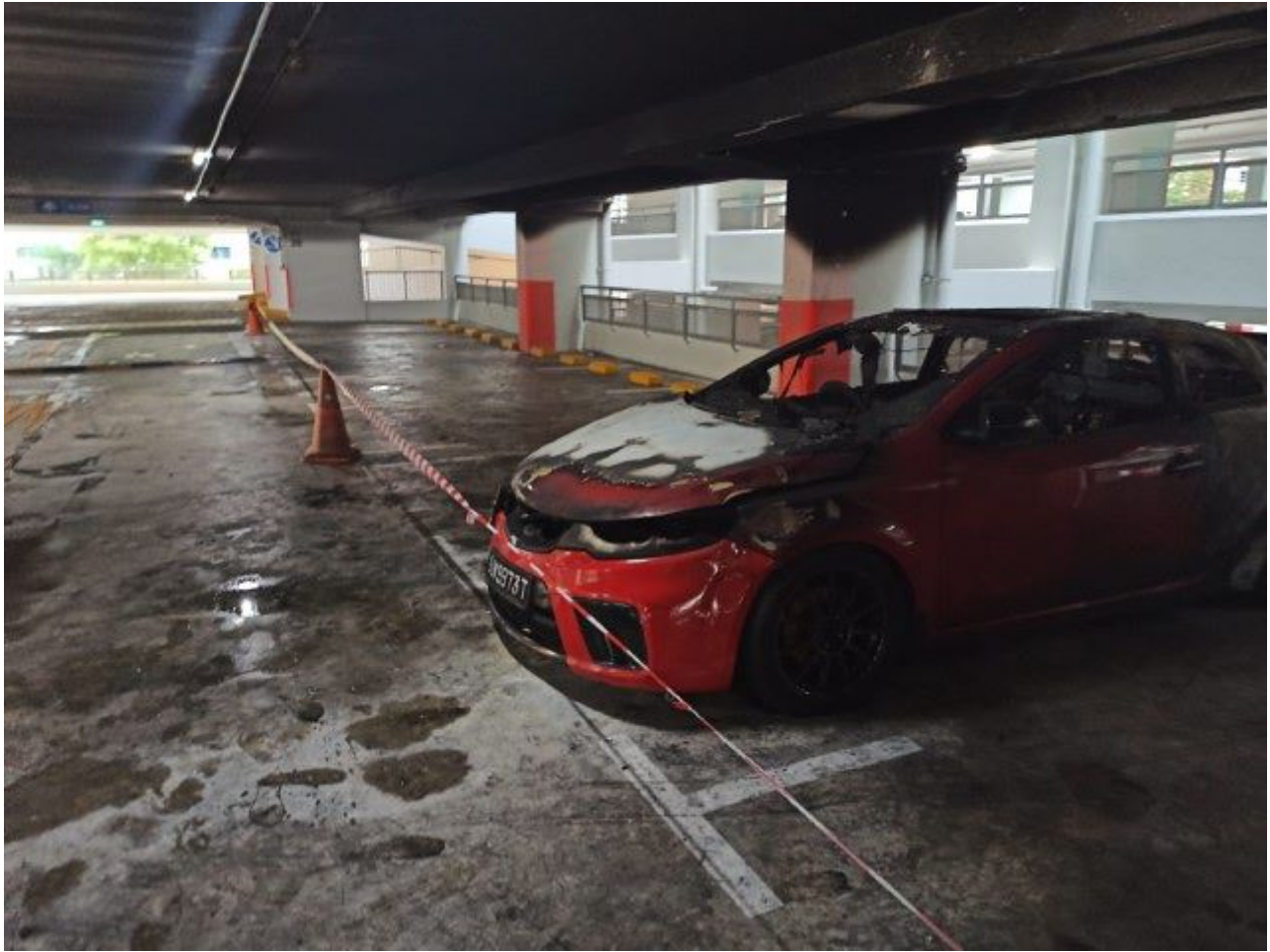














**SINGAPORE  
POLICE FORCE****POLICE REPORT (NP299)**

Police Station Of Origin  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



L/20240806/2031

1 of 2

Report No. L/20240806/2031

Date/Time Report Made 06/08/2024 14:56	Vide Report No. L/20240806/0034	Station Diary No. 49
Name Of Informant V HAREHARAN	Address APT BLK 335B YISHUN STREET 31 #09-59 SINGAPORE 762335	
ID Type / ID No. NRIC NO / S9741757A	Contact No. Home/Office Mobile 92383171	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation IT	Sex Male	Age 26
	Date of Birth 19/11/1997	Race Indian
Institution/School Name	Language	
Date/Time Of Incident 06/08/2024 06:00	Location Of Incident APT BLK 334 YISHUN STREET 31 YISHUN RIVERWALK SINGAPORE 760334 MSCP Deck 3B Lot 183	

**Brief details.**

I have been renting a car SJW9973T from Daryl Shaw Kean Wen HP: 83213841 since July 2024.

On 6th August 2024 at around 0400hrs++ I drove my friends to Sembawang before going back home. I reached the MSCP at around 0500hrs+/0600hrs. I noticed a burning smell. It was the first time I noticed that there was a burning smell, and I thought it was the car engine which over heated. The car soon burst

Signature Of Officer Recording The Report:  
L / SGT 3 ANGELO MARCEL  
THOMAS

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/08/2024 14:56

Officer In-Charge Of Case:  
L / Woodlands Police Divisional Investigation Branch /  
INSP (1) KOH JING HAN  
Contact No.: 90063566

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

L/20240806/2031

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20240806/2031

into flames. A passer-by then assisted to call for assistance. SCDF and Police were soon at scene.

The car was totally burnt. I wish to state that my mobile phone, wallet, NRIC, Work ID, and passport was also inside the car.

I'm lodging this report for insurance and replacement purposes.

Signature Of Officer Recording The Report:  
L / SGT 3 ANGELO MARCEL  
THOMAS

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/08/2024 14:56

Officer In-Charge Of Case:  
L / Woodlands Police Divisional Investigation Branch /  
INSP (1) KOH JING HAN  
Contact No.: 90063566

Classification Of Case: