

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	20/09/2024 12:39 (SGT)
Reported by	Actual Driver
Date of Accident	20/09/2024 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK ROAD (BEDOK MARKET PLACE OSCP)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ227T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KULAVEERASINGHAM SURESH
NRIC No	SXXXX026J
Email Address	SURESH77B2@GMAIL.COM
Mobile Phone No	(Phone) +65-98321610
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600
Vehicle Fuel	Petrol
First Registration Date	10/10/2018
Chassis no	MRHFC5650JT001570
Effective Date/Time of Ownership	10/10/2018 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5144358917

DRIVER

Name of Driver	ASHA SURESH
NRIC No	SXXXX719Z
Date Of Birth	05/12/1997
Occupation	Indoor
Driving Pass Date	11/12/2019
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	4 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84573452
Alt. Phone Number	-
Email Address	ASHASURESH973@GMAIL.COM
Address	BLK 5 BEDOK GARDEN - SINGAPORE 469827
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Opening Door of Vehicle
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND POLICE REPORT ATTACHED.

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	SHC8930C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
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

IMPORTANT NOTICE

1. Please read carefully the following statements completed with due diligence.
2. This report is to be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any false statement or omission may constitute an offence under the Insurance Act, 1966 and may result in repudiation of policy liability.
4. The insurer's acceptance of this Form is not an admission of liability. It is the responsibility of the insurer to conduct its own investigation.
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 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) 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud; regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

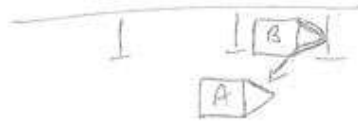
Policyholder's Signature Date & Time

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

Reporting Centre Personnel's Signature
Name
NR 214 110

SKETCH PLAN

Bedok market Place OSCP.



A - SKQ227T

B - SHC8930C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report No: 7/20240920/7007
attached.

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature, Date

Driver's Signature

Reporting Officer's Signature



**SINGAPORE
POLICE FORCE**



T/20240920/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No: T/20240920/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2024 10:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Asha Suresh			Address: 5 Bedok Garden SINGAPORE 469827		
ID Type / ID No.: NRIC NO / S9743719Z			Contact No.: Home/Office: Mobile: 84573452		
Nationality: SINGAPORE CITIZEN			Email: ashasuresh973@gmail.com		
Sex: Female	Age: 26	Date of Birth: 05/12/1997	Type of Informant: Driver		
Race: Ceylonese			Language: English		
Occupation: Content writer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive:	No	Date/Time of Accident:	20/09/2024 09:00	Type of Location:	Car Park
Location: BEDOK ROAD							
Weather: Sunny		Road Surface: Dry					
Traffic Flow: One Way		Traffic Control: Not Controlled			Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Parked Vehicle						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8930C	Motor car			White		1
SKQ227T	Motor car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240920/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20240920/7007

CONTINUATION OF REPORT

Driver			
Name	HON KOK ANN		ID No. S1452046E
Related Vehicle	SHC8930C (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	ASHA SURESH		ID No. S9743719Z
Related Vehicle	SKQ227T (Motor car)		Contact No. 84573452
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

I had just driven into the Simpang / Bedok Marketplace carpark, where I drive to at least once a week for groceries. When I entered the gantry of the carpark, I slowed down to 40 because it's a small road and I'm looking for parking, I always slow down in this area. The road was clear so I drove forward, keeping my distance from the parked cars along the road. The door to a parked taxi suddenly opened when I was driving past - the door opened fully so there was a collision between the side of my car and the taxi door. The taxi door opened quickly, enough to smash my side mirror and the scrape the side of my car. Luckily no one was hurt as I saw that the taxi driver was still completely seated in his vehicle when he opened his door suddenly and my car was getting scrapped. When we exited our vehicles, the driver immediately started accusing me loudly that I was 'going too fast' which I immediately declined as I knew I wasn't, I drive on this road a lot. He kept insisting I went fast but I made sure to express I wasn't. He then changed his words to 'accidents happen, no one at fault' before taking lots of pictures. I have pictures of the incident



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20240920/7007

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Report No. T/20240920/7007

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
20/09/2024 10:26

Classification Of Case:

NP168