

## 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 Authorised 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 ability.
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 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 Report	11/12/2017 17:28
Date Of Accident	10/12/2017 13:05
Exact Location Of Accident	EUNOS AVE 30 OUTSIDE HAFARY GALLERY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7565L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SPSD SERVICES
Co Reg No	53347003W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-98365246

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	2100486313
Cover Note Number	

### Driver

Name of Driver	KANATHASAN PERUMAL
NRIC No	S8304536A
Date Of Birth	09/02/1983
Occupation	INDOOR
Date Of Driving Pass	14/05/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98365246
Fax Number	
Contact Number	
E-Mail Address	PERUMAL_83@HOTMAIL.SG
Address	BLK 39A BENDEMEER ROAD #06-800

Postcode	331039
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT. HIT & RUN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ9323C
Vehicle Make/Model/Colour	MAZDA/BLUE
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan

### SKETCH PLAN

#### 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 Authorised 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. 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: 11/2/17

1221 hrs

GIA RMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/2/17

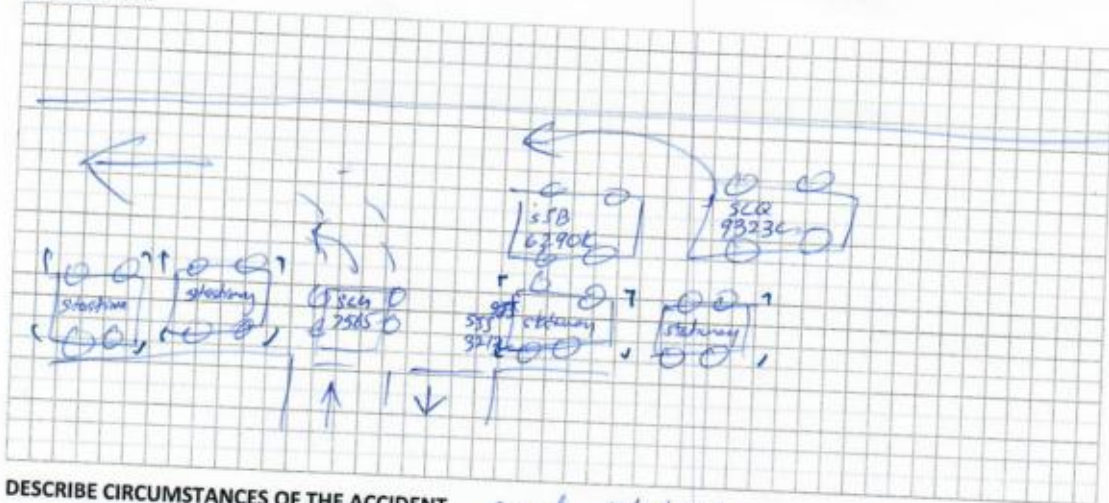
1221 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

at 10/12/2017

I was actually making an exit from the Hofory Building Carpark. I made a stop before the left turn onto Euros Ave 3. There was a lot of cars parked and a white car, SLB 6290K beside the parked cars which had stopped to give me way. So I proceeded to turn. Whilst turning, the car mentioned above, SLB 9323C drove past the white car, SLB 6290K and hit the right front side of my vehicle. We then stopped our vehicles and got out. He did not want to cooperate with me and started scolding vulgarities. Hence, why I am making this police report and I also have video evidence and pictures of the scene to support my report. I am also going to bring my wife to the hospital for a check up as she is pregnant, she was in the passenger seat beside me.

## DECLARATION

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

Policyholder's Signature

Date & Time:

11/12/17

GLARMC SketchPlanForm\_V3

1221hs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8304536A**

Name: **KANATHASAN PERUMAL**

Birth Date: **09 Feb 1983**  
Issue Date: **14 May 2009**

0017411508

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8304536A**

Name: **KANATHASAN PERUMAL**

க பெருமாள்

Race: **INDIAN**

Date of birth: **09-02-1983**

Country of birth: **SINGAPORE**

Sex: **M**

YOU ARE NOT TO DRIVE VEHICLE

Class 3 Motor Cars - 3500kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

14 May 2009

NP 428A

Licence No: **S8304536A**

FOR C&C USE ONLY

4879623

MRIC No: **S8304536A**

Date of issue: **12-02-2011**

APT BLK 39A BENDEMEER ROAD #08-800  
SINGAPORE 331039

NRIC No: **S8304536A** Date: **31/05/2014**

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129856  
Tel No: 1800-6725999



T/2017/211/2039

1 of 3

Report No: T/2017/211/2039

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2017 11:21	Vide Report No.: T/2017/210/2039	Station Diary No.: 26
<b>Informant's Particulars</b>		
Name of Informant: KANATHASAN PERUMAL		Address: APT BLK 38A BENDEMEER ROAD #05-800 SINGAPORE 331039
ID Type / ID No.: NRIC NO / S8304638A	Contact No.: Home/Office:	Mobile: 98365246
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 34	Date of Birth: 09/02/1983
Race: Indian	Type of Informant: Driver	
Occupation: SECURITY SUPERVISOR	Language: English	Institution / School Name:
	Driving Licence Information: Class: 3	Date of Expiry:

## General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/12/2017 13:05	Type of Location: Straight Road
Location: Along Road 1 EUNOS AVENUE 3			
Outside Hazy Building			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On	Anyone conveyed by ambulance: No		

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG7565L	Car				Slightly Damaged	1
SLQ9323C	Car				Slightly Damaged	1

## Details of Person Involved

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

## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1500-8728599



T/20171210/2038

2 of 3

Report No. T/20171210/2038

### CONTINUATION OF REPORT

<b>Driver</b>				
Name	KANATHASAN PERUMAL		ID No.	S8304536A
Related Vehicle	SLG7565L (Car)		Contact No.	98365246
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

### Brief Details.

I had recently filed a Traffic Accident report : T/20171210/2038 on 10/12/2017.

However, I wish to inform that the actual location of the accident is at Eunos Avenue 3 instead of Ubi Avenue 3. I am filing this report for Cycle & Carriage for their accident statement.



## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi N.P.C.  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-6729999



1/20171211/2038

3 of 3

Report No. T/20171211/2038

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sr Staff Sgt WONG CHONG WAI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/12/2017 11:21

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No: 65476902

Classification Of Case:

Authentication Stamp  
NP162



SN 37

# Police Report



T/20171210/2045

1 of 3

Report No. T/20171210/2045

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20171210/2044  
Report Number T/20171210/2045  
Vide Report Number  
Date/Time of Report Made 10/12/2017 14:29  
Place Report Lodged Traffic Police Division HQ  
Type of Informant Driver  
Name of Informant KANATHIASAN PERUMAL  
ID Type / ID No. NRIC NO / 583045364  
Home Office -  
Mobile 98365246  
Email  
Type of Accident Non-Injury / Hit and Run  
Drink Drive No  
Anyone conveyed by ambulance No  
Date/Time of Accident 10/12/2017 13:05

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLG7585L	Car				Slightly Damaged	1
SLQ9323C	Car				Slightly Damaged	1
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		

## Police Report



T/20171210/2045

2 of 3

Report No. T/20171210/2045

### Continuation of CSF For NP168

Driver				
Name	KANATHASAN PERUMAL		ID No.	S8304538A
Related Vehicle	NIL		Contact No.	-
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	NIL		Degree of Injury	NIL

#### Brief Facts.

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS ACTUALLY MAKING AN EXIT FROM THE HAFARY BUILDING CARPARK. I MADE A STOP BEFORE THE LEFT TURN ONTO UBI AVENUE 3. THERE WAS A LANE OF CARS PARKED AND A WHITE CAR BESIDE THE PARKED CARS WHICH HAD STOPPED TO GIVE ME WAY. SO I PROCEEDED TO TURN. WHILST TURNING, THE CAR MENTIONED ABOVE DROVE PAST THE WHITE CAR AND HIT THE RIGHT FRONT SIDE OF MY VEHICLE. WE THEN STOPPED OUR VEHICLES AND GOT OUT TO ACCESS THE DAMAGE. HE DID NOT WANT TO COOPERATE WITH ME AND STARTED SCOLDING VULGARITIES. I ASKED HIM TO EXCHANGE PARTICULARS WITH ME, BUT HE REFUSED AND TOLD ME TO TAKE HIS CAR NUMBER AND THAT IS ENOUGH. I ALSO AM GOING TO BRING MY WIFE TO HOSPITAL FOR A CHECK UP AS SHE IS PREGNANT. SHE WAS IN THE PASSENGER SEAT.

I HAVE VIDEO EVIDENCE FROM MY DASH CAM AND PHOTOS I ACTUALLY TOOK AT THE SCENE AS EVIDENCE FOR THE IO.

# Police Report



T/20171210-2045

3 of 3

Report No. T/20171210/2045

## Continuation of CSF For NP168

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity: No  
Officer-In-Charge of Case: TP / HRT /  
KALESWARI PALANI  
Classification of Case: 1) NON-INJURY / HIT AND RUN





**Accident Photo**



Accident Photo



**Accident Photo**



Accident Photo





**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**





Accident Photo

