

## 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 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	05/02/2018 15:21
Date Of Accident	04/02/2018 13:10
Exact Location Of Accident	ALONG RD 1 NEWTON CIRCUS EXITING TO BT TIMAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8546E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	A ANNADURAI
NRIC No	S70379611
Email Address	ANNADURAI.A@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-91888425
Alternative Phone No	OFFICE-96273460

### Vehicle Particulars

Manufacturer	BMW
Model	116D
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3118331701
Cover Note Number	

### Driver

Name of Driver	A ANNADURAI
NRIC No	S70379611
Date Of Birth	18/10/1970
Occupation	INDOOR
Date Of Driving Pass	29/09/1994
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91888425
Fax Number	
Contact Number	OFFICE-96273460
Email Address	ANNADURAI.A@ICLOUD.COM

Address	90 LENTOR GREEN
Postcode	789315
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	4
Passenger 1	NAME: : SRIDEVI VAITHANATHAN GENDER: : FEMALE
Passenger 2	NAME: : TARANEE SRI ANNADURAI GENDER: : FEMALE
Passenger 3	NAME: : YALLINI SRI ANNADURAI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	KAMPONG JAVA NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH.

#### 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	SJQ8575Y
Vehicle Make/Model/Colour	MERZ R350 SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**

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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.



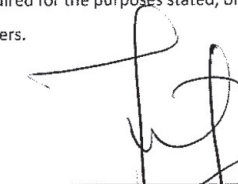
Policyholder's Signature  
Date & Time: 05/02/2018

1150hr



Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 05/02/2018

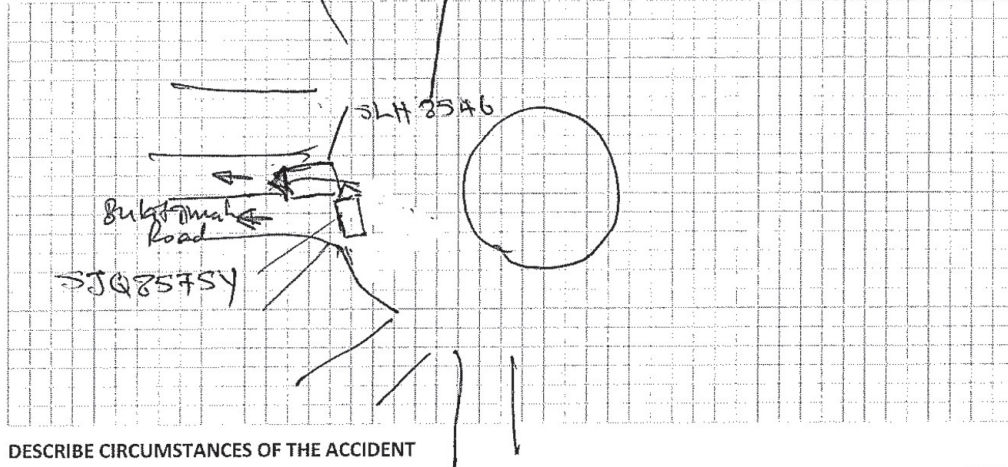
1150 hr



Reporting Centre Personnel's Signature  
Name: Inthiran A/L Thurasamy  
NRIC/FIN No: Performance Motors Limited  
303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941

UNBELL POLICYHOLDERS

SKETCH PLAN

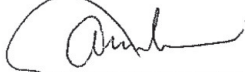


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

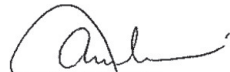
As refer to police report T/20180204/2073

DECLARATION

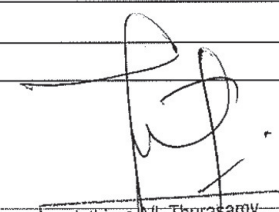
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time: 05/02/2018  
1150hr



Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 05/02/2018  
1150hr

  
Reporting Person's Signature  
Name: Performance Motors Limited  
NRIC/FIN No.: 303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941





**SINGAPORE  
POLICE FORCE**



T/20180204/2073

1 of 3

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20180204/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/02/2018 13:58	Vide Report No.:	Station Diary No.: 49
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**Informant's Particulars**

Name of Informant: A ANNADURAI			Address: 90 LENTOR GREEN SINGAPORE 789315		
ID Type / ID No.: NRIC NO / S70379611			Contact No.: Home/Office: Mobile: 91888425		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 18/10/1970	Type of Informant: Driver		
Race: Indian			Language: Chinese	Institution / School Name:	
Occupation: REGIONAL CHEIF AGENCY OFFICER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/02/2018 13:10	Type of Location: Bend
Location: Along Road 1 NEWTON CIRCUS BUKIT TIMAH ROAD from Newton Circus exiting Bukit Timah Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ8575Y	Car				Slightly Damaged	1
SLH8546E	Car	BMW	116D 5DR HATCHBAC K DSC LED	Black	Slightly Damaged	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20180204/2073

2 of 3

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20180204/2073

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH8546E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN31183317 01	30/11/2017	29/11/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	A ANNADURAI		ID No. S7037961I
Related Vehicle	SLH8546E (Car)		Contact No. 91888425
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 Details.**

On 04/02/2018 at about 1.10pm, I was driving along Newton Circus on the center lane wanting to make a turn into Bukit Timah Road. When a vehicle SJQ8575Y was at the left outermost lane hit onto the left rear side of my car. I did signal indicating that I am making a left turn. However the vehicle that was on the left turning lane wanting to head straight. There are scratches and dent on my left rear bumper to my left passenger door. We did stop at the Bukit Timah road before the traffic light to settle the matter however, the driver of the other vehicle refused to give me his particulars and drove off. There was a SBS bus behind my vehicle which is also making a left turn.

No one was injured.



**SINGAPORE  
POLICE FORCE**



T/20180204/2073

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

3 of 3

Report No. T/20180204/2073

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:  
E /  
Sgt 2 NURASHIKIN BINTE MOHAMAD IDIL  
FAUZE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/02/2018 13:58

Officer In Charge Of Case:  
TP / HRT /  
SI ABDUL KAREEM BIN ABDUL HAGUE  
Contact No.: 65476079

Classification Of Case:

Authentication Stamp  
NP168

