#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/05/2018 14:41
Date Of Accident	02/05/2018 15:20
Exact Location Of Accident	OPEN SPACE CARPARK NEAR TO 4A LOYANG LANE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU9402K
Insured/Policyholder	
Name Of Registered Owner	WORK WORK PRIVATE LIMITED
Co Reg No	201434206M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90210229
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5090603638-01
Cover Note Number	
Driver	
Name of Driver	MUTHUKUMARAN S/O MARIMUTHU

Name of Driver MUTHUKUMARAN S/O MARIMUTHU

NRIC No S8304713E

Date Of Birth 31/01/1983

Occupation OUTDOOR

Date Of Driving Pass 17/04/2012

Driving Experience 6 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90210229

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 109 ANG MO KIO AVE 4

#03-06

Postcode 560109

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions DRIZZLING

Road Surface WET

**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

NO

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , **POSTCODE**: 519457 , **COUNTRY**:

SINGAPORE

Police Station Contact **TEL NO**: 1800-5852999 - **FAX NO**: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180502/2174

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 23

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 4. The issue and acceptance of this Formity insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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' law yers/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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the maling 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' law yers/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 the provided firms), which may be sted outside of Singapore, for one or more of the above Purposes.

Supature / Date &

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

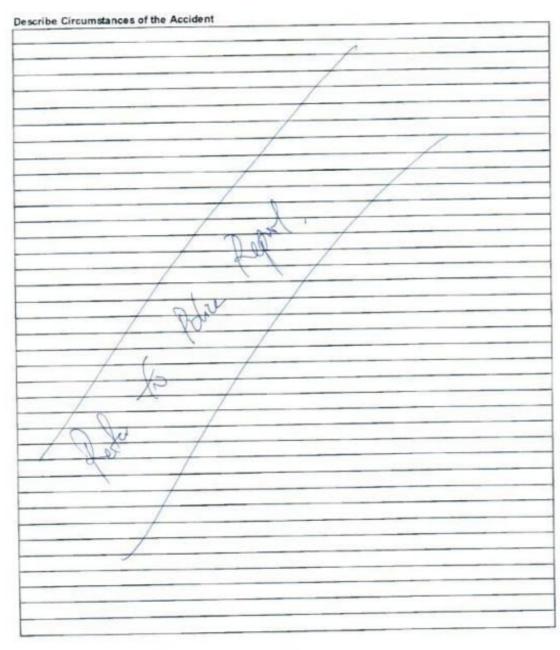
Witnessed by Reporting Centre

Sketch Plan

vehill A: SJU9402K. velvich 5: Unknown.

Open Space Carparle War 4A Layong lane.

## **Accident Sketch Plan**



Declaration

We declared to the particulars are true in every respect

Policyholder's Sgrature / Date &

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

Witnessed by Reporting Centre

#### Individual Statement



T/20180502/2174

2 of 3 Report No. T/20180502/2174

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver		010 111011	AUTHU	ID No.		S8304713E
Name MUTHUKUMARAN S/O MARIMUTHU		MOTHO	10.		E E E E E E E E E E E E E E E E E E E	
				Conta	et No	90210229
Related Vehicle	SJU9402K (Car)		Contact No.			
				Class	of	Class: 3
Hospital/Clinic	NIL		Driving Licent Expiry	g ce &	Date of Expiry: NIL	
			Date Disc		NIL	
Date Treatment	NIL			e of Injury NIL		
No of Days gran	ted Medical Leave	NIL	Degree o	n injury	TAIL	

On the 02/05/2018 at about 1517hrs, I entered the open space carpark near at the above mentioned location. I parked my vehicle SJU9402K at either lot 9 or 10 which I cannot remember. After parking my vehicle. I then proceed to have my lunch.

At about 1540hrs, I returned back to my vehicle and discovered there was a huge dent on the right passenger door. I do not have any suspect in mind. I only can remember that there were vehicles which was parked left and right side of vehicle before I left for lunch. I do not have any CCTV in my vehicle. I only notice that there were CCTV at the entrance and the exit gantry of the said open space carpark.

As such I called for the police. TP was at scene. TP officer advised me to lodge a police report with regards to the mentioned incident and they will do the follow up investigation.









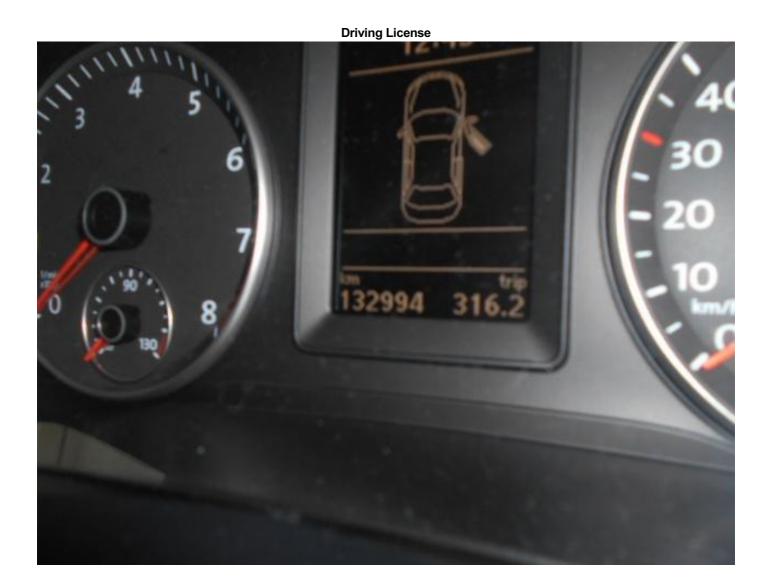




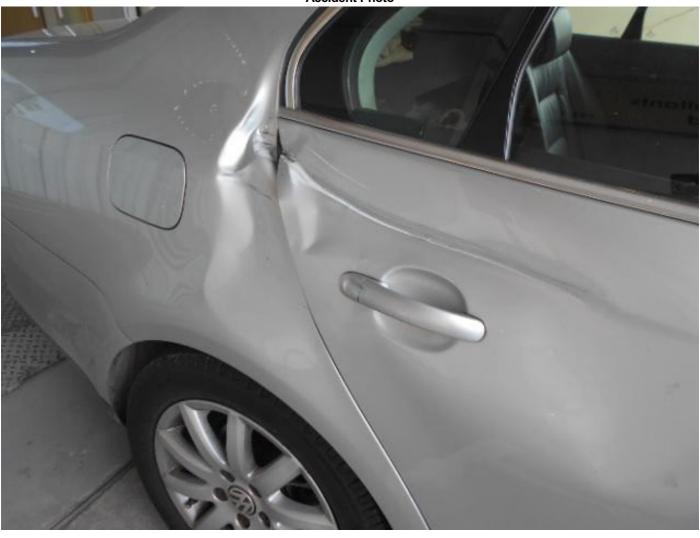


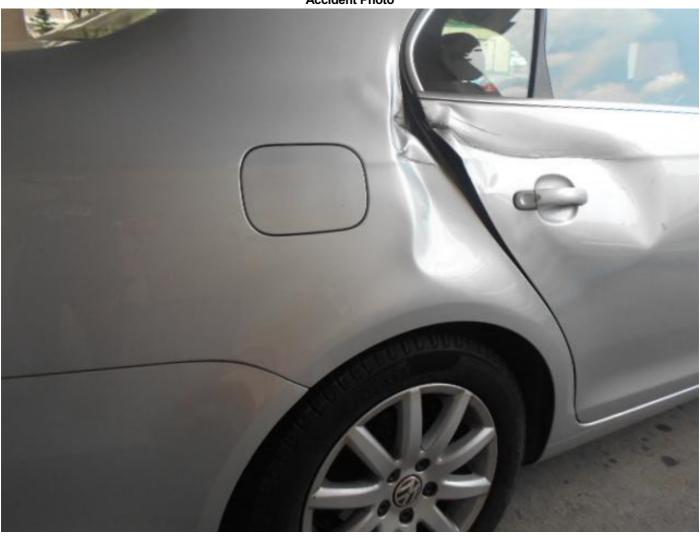




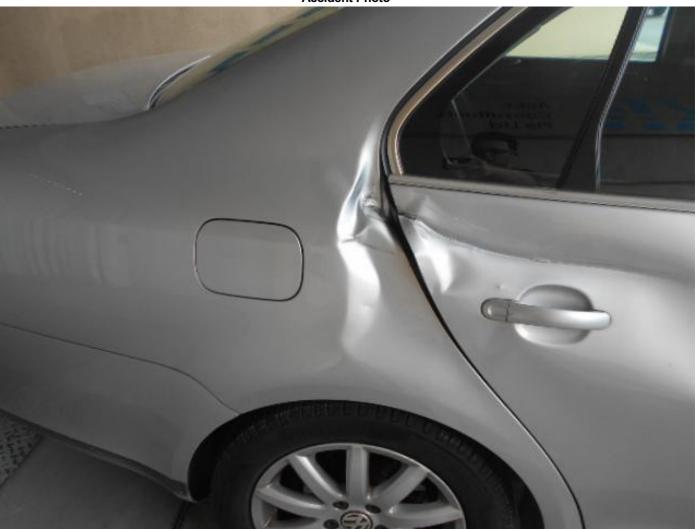


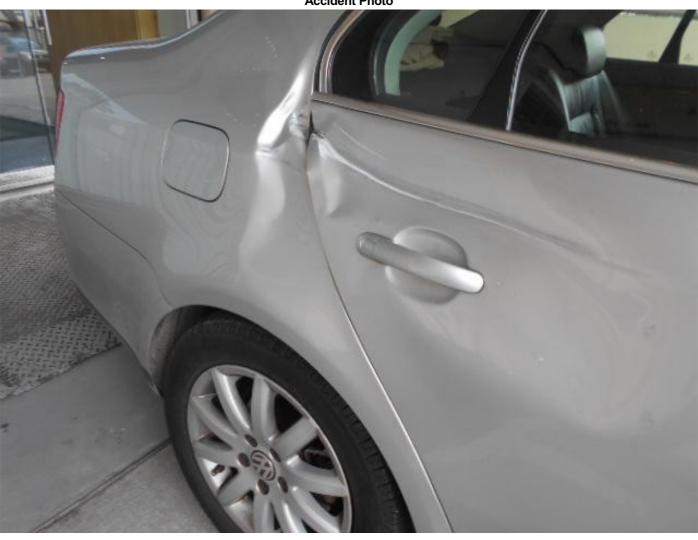












## Police Report





1 of 3

Report No. T/20180502/2174

Palice Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

REPORT OF A	TRANSMIT	ACCIDENT
一股股份的基础的 2000 000	A PROPERTY OF	Approximation (as a finite pro-

		1 April 10 10 10 10 10 10 10 10 10 10 10 10 10
Date/Time Report Made:	Vide Report No.	Station Diary No.:
02/05/2018 19:57	G/20180502/0149	102
TANCE IN TRANSPORTED IN CONTRACTOR IN CONTRA		

02/00/2010 15:51				
Informat	nt's Particu	ulars		
Name of	Informant: CUMARAN		560109	AVENUE 4 #03-06 SINGAPORE
ID Type		13E	Contact No.: Home/Office:	Mobile: 90210229
National STATEL			Email:	
Sex: Male	Age: 35	Date of Birth: 31/01/1983	Type of Informant: Driver	
Race: Indian			Language.	Institution / School Name
Occupation: SAFETY MANAGER		R	Oriving Licence Information: Class: 3	Date of Expiry:

Type of Accident	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident 02/05/2016 15:20	Type of Location OPEN SPACE CARPARK	
Weather:	VE	O 4A LOYANG LANE Road Surface:		Road Speed Limit:	
PROBLEM TWO CONCURSES.		Traffic Control.		Traffic Volume: Moderate	
Traffic Flow:		Not Controlled	11	Moderale	
Traffic Flow: One Way Type of Colle	S	11401 0 011110110		Anyone conveyed by	

Details of V	chicle Invo	Ived			The second second	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU9402K	Car	VOLKSWAGO N	Jetta	Silver	Slightly Damaged	0

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

#### **Police Report**



Tel No: 1800-5852999

2 of 3

Report No. 1/20180502/2174

Police Station Of Origin. Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

## CONTINUATION OF REPORT

Driver		0.122.01.1	ID No.		SB304713E
Name	MUTHUKUMARAN S/O MARIMUTHU				***************************************
			Conte	nt No.	90210229
Related Vehicle	SJU9402K (Car)		Charita	86.677	Table 1970
			Class	of	Class: 3
Hospital/Clinic	NIL		Driving Licence 8		Date of Expiry: NIL
					\$100 PERCONSTRUCTION (\$100 PERCONSTRUCTION (
			Expiry	Date	
	KIII	Date Disc	harge	NIL	
Date Treatment	NIL sed Medical Leave NIL	Degree of	linjury	NIL	

On the 02/05/2018 at about 1517hrs., I entered the open space carpark near at the above mentioned location. I parked my vehicle SJU9402K at either lot 9 or 10 which I cannot remember. After parking my vehicle. I then proceed to have my lunch.

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#### **Police Report**





3 of 3

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Report No. 1/20180502/2174

Tel No: 1800-5852999

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: G / Sgt 2 MUHAMMAD FAIZ BIN MUHAMMAD FAIZAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2018 19:57
Officer in Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG INGREDITE CONTact No.: 65476368	Classification Of Case:
Authentication Stamp	ine.