

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	21/09/2018 19:00
Date Of Accident	15/07/2018 11:30
Exact Location Of Accident	WHAMPAO MARKET (OPEN CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE1123K
Insured/Policyholder	
Name Of Registered Owner	VINCENT SHANMUGAM
NRIC No	S7723159E
Email Address	VINNY8833@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96377281
Alternative Phone No	OTHERS-96377281

Vehicle Particulars

Manufacturer	MAZDA
Model	6 2.0L SDN V
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-005398
Cover Note Number	N.A

Driver

Name of Driver	VINCENT SHANMUGAM
NRIC No	S7723159E
Date Of Birth	24/08/1977
Occupation	INDOOR
Date Of Driving Pass	27/03/1996
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96377281
Fax Number	
Contact Number	OTHERS-96377281
Email Address	VINNY8833@GMAIL.COM

Address	NA
Postcode	
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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: : TOMOKO GENDER: : FEMALE
Passenger 2	NAME: : SHIN SHANMUGAM GENDER: : MALE
Passenger 3	NAME: : KAISEI SHANMUGAM GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Reference: TP/IP/42795/2018 @Whampoa Food Center Car Park Dear Sir/Madam, Good Morning. (I am sending this as the officer handling this case is on leave) My name is Vincent Shanmugam and I was the driver on that day. I am surprised by this report. Reason being the driver actually reversed into me. I had already stopped my vehicle. I wanted to come out to speak to her but had no space to park or even stop due to the very narrow nature of the carpark. Hence, in order not to hold up traffic, I decided to go out one round and come back to the carpark (same spot). I came back to where she had parked, parked my car diagonally opposite hers and waited for her. She was nowhere so I decided to wait at the hawker area and returned immediately when I saw her from afar. She and her maid had gotten into the car. I actually knocked on the rear right window where the maid was and after that at the center right door panel. But surprisingly, she decided to drive off regardless of my knocks. Hence I presume that she did not want to come out. Therefore I left it as such. I do have video footage and images of the actual event and of her parked car. I have spoken to Mr Soh Peng Guan and he advised me to lodge this report as under 'Hit and Run' (although I did return to look and wait for the driver of Red Mitsubishi Lancer EX: SJL 7772 C) Sincerely need to advise on this matter. Kindly not that I have recently renewed my Insurance and hence the previous policy keyed in the report has been void . My new policy number : EQ Insurance: DMPPHQ18-005398 My pictures and file are too big. May i send through thumbdrive?

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAS UPLOAD TO MERIMEN
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL7772C
Vehicle Make/Model/Colour	MITSUBISHI / LANCER 1.5 MIVEC GLS 4A/T / RED
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

SKETCH PLAN

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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)**

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.
- (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.

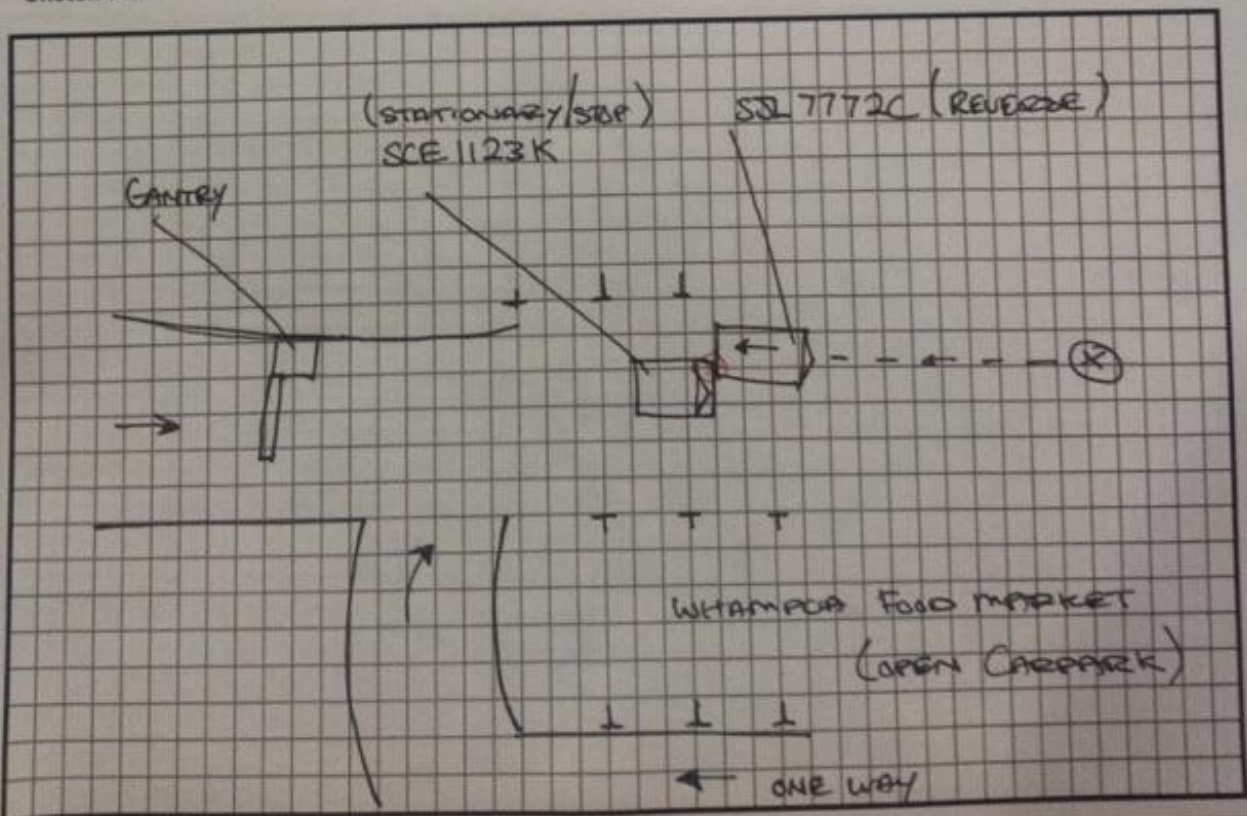
[Signature]
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL

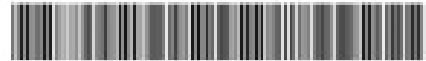
Witnessed by Reporting Centre
Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20180803/7007

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

1 of 4

Report No. T/20180803/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2018 10:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: VINCENT SHANMUGAM			Address: APT BLK 451A SENGKANG WEST WAY #20-371 SINGAPORE 791451		
ID Type / ID No.: NRIC NO / S7723159E			Contact No.: Home/Office: Mobile: 96377281		
Nationality: SINGAPORE CITIZEN			Email: vinny8833@gmail.com		
Sex: Male	Age: 40	Date of Birth: 20/08/1977	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: civil servant			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: 15/07/2018 11:30	Type of Location: Car Park
Location: WHAMPOA DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 5 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

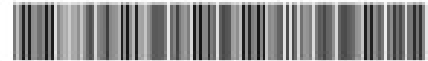
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCE1123K	Car	MAZDA	MAZDA6 2.0L SDN V	Black		0
SJL7772C	Car	MITSUBISHI	Lancer EX	Red	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCE1123K	EQ INSURANCE COMPANY LTD.	DMPPHQ18-005398	31/07/2018	30/07/2019



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T/20180803/7007

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Report No. T/20180803/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL7772C	EQ INSURANCE COMPANY LTD.	DMPPHQ17-004369	31/08/2017	30/08/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	VINCENT SHANMUGAM		ID No.	S7723159E
Related Vehicle	SCE1123K (Car)		Contact No.	96377281
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
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SJL7772C (Car)		Contact No.	NIL
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.

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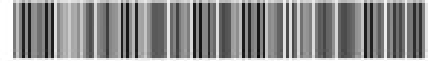
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Report No. T/20180803/7007

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Regards
Vincent Shanmugam



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Report No. T/20180803/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2018 10:21
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476144	Classification Of Case:

Authentication Stamp
NP168