### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Occupation

Gender

**Date Of Driving Pass** 

**Driving Experience** 

Mobile Number

Fax Number
Contact Number
EMail Address

- 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.	cent to the dronwing of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	01/08/2018 16:18
Date Of Accident	29/07/2018 16:00
Exact Location Of Accident	POTONG PASIR AVE 3 BLK 137 LOADING BAY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK3428D
Insured/Policyholder	
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Co Reg No	201431292N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91129911
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5071881765-03
Cover Note Number	-
Driver	
Name of Driver	RAMADAS S/O KANESAN
NRIC No	S8536430H
Date Of Birth	21/11/1985

**OUTDOOR** 

05/09/2008

MALE

**NOEMAIL** 

9 YEARS AND 10 MONTHS

(LOCAL) +65-84906945

Address BLK 137 POTONG PASIR AVE 3 #02-154

Postcode 350137

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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.

Number of Passengers (Including Driver) 0

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name POTONG PASIR NEIGHBOURHOOD POLICE POST

NO

NO

Police Station Address ROAD: BLK 142 POTONG PASIR AVENUE 3, POSTCODE: 350142,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2829999 - **FAX NO**: 62815964

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT.

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 UNKNOWN

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOBILE EQUIPMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 17

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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
- 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)
  - (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 Piarposes; and
- 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

NRIC/FIN No.:

# **Accident Sketch Plan**

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	IAI				
Potong Pas	ir Ave 3	8110 137	Landing	hdry	
IBE CIRCUMSTANCES	OF THE ACCIDENT				
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0					_
Please	Refer	40	Police	Report	
			1		
		HILL THE	-		
RATION particular the foregoing partic	culars are true in every re	espect.			
	culars are true in every re	espect.		prof	

## POLICE REPORT





Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142

1 of 3 Report No. T/20180729/2095

Tel No: 1800-2829999

REPORT OF A TRAFFIC ACCIDENT

1000	
	Station Diary No.:
	Vide Report No.: E/20180729/0199

			E/20100/29/0199	47
Informa	nt's Partic	ulars	MAKE THE PARTY OF	
Name of Informant: RAMADAS S/O KANESAN			Address: APT BLK 137 POTONG PAS	SIR AVENUE 3 #02-154
NRIC NO	/ ID No.: ) / S85364	30H	SINGAPORE 350137 Contact No.: Home/Office:	Mobile: 84906945
	ty: ORE CITIZ	EN	Email:	Widelie, 64906945
Sex: Male	Age: 32	Date of Birth: 21/11/1985	Type of Informant:	
Race: Indian			Language:	Institution / School Name:
Occupation: DELIVERY DRIVER		ł	Driving Licence Information: Class: 3	Date of Expiry:

Solieral infor	mation of the Accident		E(S) White		
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident:	Type of Location Car Park	
Open Space ( Weather: Clear	SIR AVENUE 3 Carpark at Blk 137 Potor		29/07/2018 16:00		
Traffic Flow: One Way Type of Collisi		Traffic Control: Not Controlled		Traffic Volume: Moderate	
	on: ng Vehicles - Side Swipe	e - Same Direction	1	Anyone conveyed by ambulance:	

	ehicle Invol	STATE OF THE PARTY		DESIGNATION OF THE PERSON OF T	<b>原文 和 新疆</b>	THE REAL PROPERTY.
Vehicle No. Type SJK3428D Car	Make	Model	Color	Condition	No of Passenge	
001104200	Cai				Slightly	0

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

### POLICE REPORT





Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142 Tel No: 1800-2829999 2 of 3 Report No. T/20180729/2095

#### CONTINUATION OF REPORT

Driver		E INC.		1		
Name	RAMADAS S/O KA	NESAN		ID No		S8536430H
Related Vehicle	NIL			Conta	ct No.	84906945
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL.	

#### Brief Details

On the 29/07/2018 at about 1600hrs, I had returned back to my vehicle (SJK3428D) located at the loading and unloading lot located at the open space carpark at Blk 137 Potong Pasir Avenue 3 and discovered that there were deep scratches located at the front left bumper area of my vehicle. Earlier I had parked my vehicle at about 1600hrs and my vehicle was alright and intact and left the said area. There are 2 loading and unloading lots at the said area and my vehicle was parked on the right side with the left lot empty. I suspect that someone may have parked their vehicle on the lot located at the left and had side swept with my vehicle which cause the damages to my front bumper. I had called for police assistance (E/20180729/0199) and both the police and Traffic police officers attended to me. I was advised to lodge a police report regarding this incident. My vehicle does not have an in-car camera. I am lodging this report as advised by the traffic police officers.





Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240

SINGAPORE 350142 Tel No: 1800-2829999 3 of 3 Report No. T/20180729/2095

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 Recordi E / Sgt 2 JOVI BENEDICK TAN	Control Control of States	Signature Of Informant:	
Signature Of Interpreter: Not applicable	to	Date/Time: 29/07/2018 20:41	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MASTARI I	KHAZALI	Classification Of Case	
Contact No.: 65476214	E MINGAPORE	/ SN 057	
Authentication Stamp NP168	N. FORCE	IGNATURE	
	2	IGNATORE	

















