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	23/08/2018 17:54
Date Of Accident	23/08/2018 08:25
Exact Location Of Accident	LORONG MAMBONG CARPARK BEHIND HAGEN DAAZ
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM3098M
Insured/Policyholder	
Name Of Registered Owner	IYER SRIRAM
Passport No/FIN	G3315996Q
Email Address	SRIRAMIYER60@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97235841
Alternative Phone No	OTHERS-86960356
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (A)
Exact Purpose for which vehicle was being used at time of accident	VISITING DOCTOR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089234583-01
Cover Note Number	
Driver	

Name of Driver IYER NIKITA SRIRAM

Passport No/FIN G3316833R

Date Of Birth 23/08/1979

Occupation INDOOR

Date Of Driving Pass 10/04/2018

Driving Experience 0 YEAR AND 4 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-86960356

Fax Number

Contact Number OTHERS-97235841

EMail Address SRIRAMIYER60@GMAIL.COM

I RIDGEWOOD CLOSE Address

#18-05 RIDGEWOOD CONDOMINIUM

Postcode 276692

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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 NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

YES

YES

0 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CLEMENTI NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-8729999 - FAX NO: 67748639 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180823/2018

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 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
- 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.
- 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.

s Signature

Driver's Signatu

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Accident Sketch Plan

ETCH PLAN				
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ECLARATION	A TONAL TONA	2/1		
ECLARATION We declare the foregoing pa	rticulars are true in every re	0808331		
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POLICE REPORT



T/20180823/2018

Police Station Of Origin: Clementi N.P.C

1 . .

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 3 Report No. T/20180823/2018

REPORTO	F A TRAFFI	CACCIDENT				
Date/Time Report Made: 23/08/2018 10:20			Vide Report No.:	Station Diary No.		
Informar	t's Partic	ulars	V. C. P. C.			
IYER NIK	Informant: ITA SRIR		Address: 1 RIDGEWOOD CLOSE #18-	-05 SINGAPORE 276692		
ID Type / ID No.; NRIC NO / G3316833R		33R	Contact No.: Home/Office: Mobile: 86960356			
Nationalit INDIAN	ionality: Email:		Email:	mobile: 00300300		
Sex: Female	Date of Diffi		Type of Informant: Vehicle Owner			
Race: Indian			Language: English	Institution / School Name:		
Occupation Home ma			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/08/2018 09:30	Type of Location Car Park
Location: Along Road 1 LORONG MA				
Weather:	IN TIBESCII DEZS	Road Surface:	1	Road Speed Limit:
				apaca Entite.
Traffic Flow:		Traffic Control:	1	Traffic Volume:

Details of Vehicle Involved						
The second residence in the second	27	Make	Model	Color	Condition	No of Passenger
SLM3098M	Car					O O O O O O O O O O O O O O O O O O O

POLICE REPORT



T/20180823/2018

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

2 of 3 Report No. T/20180823/2018

CONTINUATION OF REPORT

Brief Details.

On 23/08/2018 at about 0825hrs, I parked my vehicle at the carpark behinf Haagen Dazs at Lorong Mambong and brought my son to consult doctor. At 0930hrs, when I return to my vehicle. I discovered there are dents and scratches on the vehicle.

I remember that there was a white car that was parked beside my vehicle. My car has dents and scratches on the left side bumper and scratches on the left front bumper. I could not recall the lot number and carpark number. There is no in vehicle camera in my car.

POLICE REPORT





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

3 of 3 Report No. T/20180823/2018

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: D / Sgt 3 BRENBAN LIM WEI JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/08/2018 10:20
Officer In Charge Of Case: TP / HRT / SSI GOH GEOK LYE Contact No.: 65476148	Classification Of Case:
Authentication Stamp	

















