

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	10/09/2018 20:46
Date Of Accident	01/09/2018 18:35
Exact Location Of Accident	ALONG ADAM ROAD FOOD CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL245D
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Insured/Policyholder

Name Of Registered Owner	SATISH KUMAR S/O SETHURAMAN
NRIC No	S6898075E
Email Address	SELVARANI21@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92215566
Alternative Phone No	OTHERS-93873592

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3015611801
Cover Note Number	

Driver

Name of Driver	S SELVARANI
NRIC No	S6804132E
Date Of Birth	21/01/1968
Occupation	INDOOR
Date Of Driving Pass	07/05/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92215566
Fax Number	
Contact Number	OTHERS-93873592
Email Address	SELVARANI21@YAHOO.COM

Address	BLK 425 CHOA CHU KANG AVENUE 4 #07-164
Postcode	680425
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

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : SON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SJK482R
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XU WEIHUA JONATHAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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:

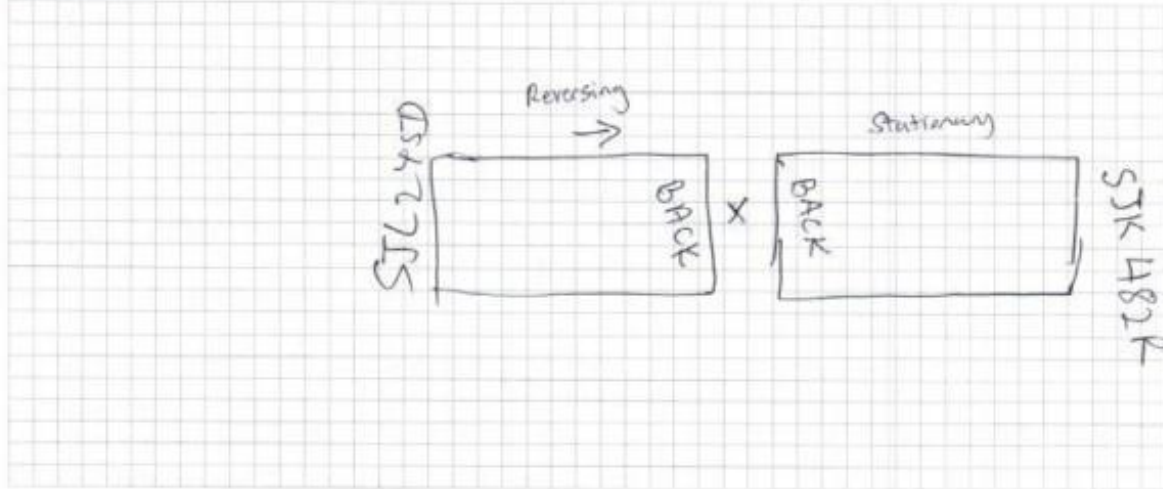
Driver's Signature
(If driver is not the policyholder)
Date & Time:

13:20

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was doing a reverse parking at Adam Road Food Centre on 1/9/18 (a) at about 6:30 pm (18:30). I heard a slight knock and came out to see the back of my car and the other car, SJK 482 R. I found a small dent on my car and no significant damages on the other car. I could not find the driver so I waited at the car park till 18:55 pm and left ~~with my~~ from there. I ~~was~~ was a car park S. Han. and was not able to locate the driver. My car was also parked there for more than 20 mins.

I have taken the pictures and will be submitted. As I was busy last week ~~6~~ with my children during the school holidays, I could not make a report.

DECLARATION

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

Policyholder's Signature
Date & Time:

S. Selvarani
Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/09/2018
18:20

10/09/2018
Reporting Centre Personnel's Signature
Name: Resli Wafar
NRIC/FIN No.:

LETTER

VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths
Agents for Trade Marks
(Incorporated with limited liability)

Company Registration No. 200721148H

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALI DIO MUNIANDY
SEGA PARAM
DIANE ANG KIM NOI
RAVENDRA KRISHNASAMY
TAY HAO RAN
JANICE HAN JIA LIN
TAN YINXIAN SELWYN

Head Office:
133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413
Branch:
490 Toa Payoh Lorong 6
#03-11 HDB Hub
Singapore 310490

HEAD OFFICE:

TEL : 65342811 (Hunting)
FAX : 65356802 (General)

E-MAIL: annatan@visionlawllc.com

BRANCH

TEL : 63580703
FAX : 63580448(conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE - Please reply to **HEAD OFFICE** for this matter

Our Ref : AKN/ATV/N63-SJK482R-2018(kh)

4 September 2018

SATISH KUMAR S/O SETHURAMAN

Blk 425 Choa Chu Kang Ave 4

#07-164

Singapore 680425

Dear Sir,

CLAIMANT : XU WEIHUA JONATHAN

ACCIDENT INVOLVING SJK 482 R AND SJL 245 D ALONG ADAM ROAD FOOD CENTRE (OPEN CARPARK) ON 1-SEPT-2018 AT ABOUT 1835HOURS

We act for **XU WEIHUA JONATHAN** the owner of motor vehicle no. **SJK 482 R**.

Our investigation reveals that you were the driver of motor vehicle **SJL 245 D** at the time of the accident. Kindly confirm.

Please let us have the following particulars:-

- (a) the name, address and NRIC No. of the driver;
- (b) whether the said motor vehicle was at the time of the accident covered by a policy of insurance, if so, the particulars thereof;
- (c) whether the driver was at the time of the accident driving as your servant or agent;
- (d) whether the driver was an authorised driver and covered by the policy of insurance.

Please take notice that there is a presumption in law that the said driver was driving as your servant or agent and if we do not hear from you within seven (7) days from the date hereof, we shall commence action against you as a Defendant.

If the information requested above are not provided within 14 days, any amendments are to be made thereafter to the Writ of Summons and / or any Pleadings, you will be responsible for the costs and disbursements incurred.

We would advise that upon receipt of this letter, you report the above accident to your insurers immediately together with your Certificate of Insurance to enable them to assist you.

If you fail to do so, your said insurers may exercise their right not to cover you against our clients' claim. In such event, our clients will have to look towards you for their claim and if you are found liable, you will have to pay our clients' damages out of your own pocket.

Yours faithfully

cc: (Ref: SJK 482 R) (By fax: 6741 0510)

CONFIDENTIALITY
THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6804132E



Name
S SELVARANI

Race
INDIAN

Date of Birth
21-01-1968

Sex
F

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S6804132E

Holder
S SELVARANI

Birth Date
21 Jan 1968

Issue Date
07 May 2010

001853655K

1204969



MRC No: S6804132E



Blood Group: **B+** Date of issue: **21-08-1993**

APT BLK 425 CHOA CHU KANG AVENUE 4 #07-164
SINGAPORE 680425

NRIC No: S6804132E Date: 21-09-2004 No: 5011574

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 3500kg

PASS DATE
07 May 2010

NP 4,5A

License No: S6804132E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S64550200 / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MUA4217535 Vehicle Registration No: SJL245D
Name (as shown in NRIC): S. SALVARAM NRIC/FIN/Passport No: _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 93873592
Email Address: _____
Date of Accident: 01/09/2018 Time of Accident: 18:35
Place of Accident: ALONG ADAM ROAD FOOD COURT
Insurance Company: CHINA MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THE INSURANCE CLAIM (VALID) DMPESN 3015611801

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Pethi
NRIC/FIN No.: 11111111
Date: 28/09/2018