

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 liability.
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	12/12/2018 18:07
Date Of Accident	12/12/2018 07:20
Exact Location Of Accident	PARKING LOT NEAR BLK 32 RIVER VALLEY CLOSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1424U
Insured/Policyholder	
Name Of Registered Owner	SUNIL KUMAR THAPLIYAL
NRIC No	S2708225D
Email Address	VEENU89@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90107230
Alternative Phone No	OTHERS-90689020

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5085117081-02
Cover Note Number	

Driver

Name of Driver	VEENU THAPLIYAL
NRIC No	S6984549E
Date Of Birth	08/08/1969
Occupation	INDOOR
Date Of Driving Pass	30/01/2002
Driving Experience	16 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90689020
Fax Number	
Contact Number	OTHERS-90107230
Email Address	VEENU89@HOTMAIL.COM

Address	32 RIVER VALLEY CLOSE #09-34
Postcode	238436
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	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 (including own vehicle) involved in the accident	2
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181212/2101

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	GBB5213K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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 liability.
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
- (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:

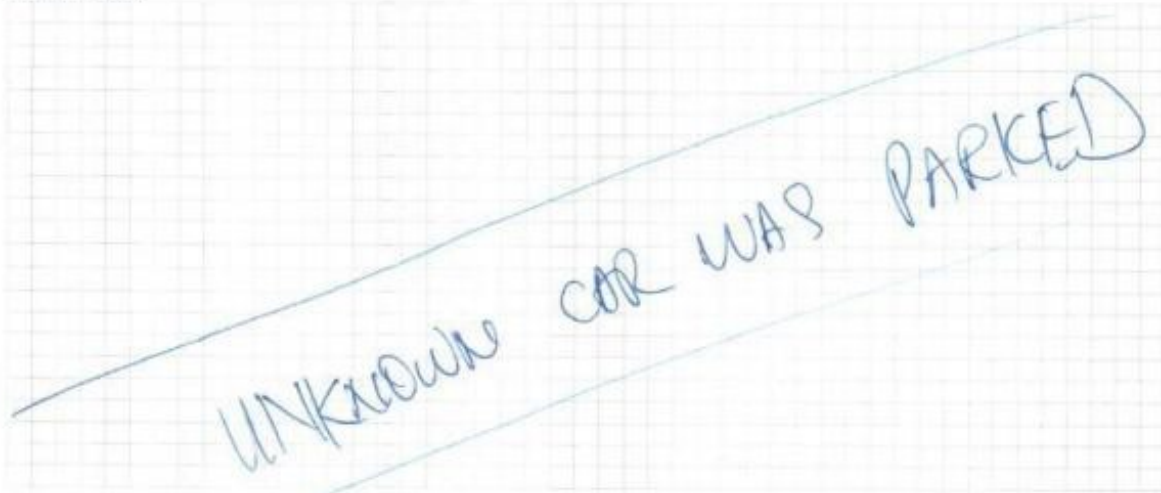
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Continued on page 2 of 2

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
7/2018/12/2/2101

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 12th Dec 2018

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

© 2018/12/2/2101

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181212/2101

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20181212/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2018 17:13		Vide Report No.:		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: VEENU THAPLIYAL			Address: 32 RIVER VALLEY CLOSE #09-34 SINGAPORE 238436		
ID Type / ID No.: NRIC NO / S6984549E			Contact No.: Home/Office:		Mobile: 90689020
Nationality: INDIAN			Email:		
Sex: Female	Age: 49	Date of Birth: 08/08/1969	Type of Informant: Vehicle Owner		
Race: Indian			Language:		Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/12/2018 07:20	Type of Location: Car Park
Location: Along Road 1 RIVER VALLEY CLOSE				
Parking lot near Blk 32 River Valley Close				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH1424U	Car	HONDA	Vezel	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH1424U	NTUC Income Insurance Co-Operative Limited	5085117081-02	25/10/2018	24/10/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181212/2101

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20181212/2101

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	VEENU THAPLIYAL	ID No.	S6984549E
Related Vehicle	NIL	Contact No.	90689020
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.

On 11/12/2018 at about 1700hrs I had parked my vehicle (SLH1424U) at an open space parking lot near my residence at Blk 32 River Valley Close. It was parked in the lot from 1700hrs to about 0720hrs the following day. I cannot recall the parking lot number but it was parked in the corner of the carpark beside Blk 32, nearest to the linkway between that block and Blk 24 River Valley Close.

On 12/12/2018 at about 0720hrs, as I drove my vehicle out to work at SMM International School at 3 Jalan Ulu Sembawang. I did not notice any damages on my vehicle then. At about 0800hrs as I arrived at the security post of my workplace I was notified by the school's security personnel that there was a dent on the left side on my vehicle. The damages include dents and scratches on the left rear door of my vehicle.

I wish to state that I do not have any suspect in mind and that this is the first incident involving my vehicle (SLH1424U). I am not sure if there are CCTV's in the area that could have recorded the incident. I am lodging this report for insurance claim.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181212/2101

3 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20181212/2101

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:
D /
Sgt 2 MUHAMMAD YUSOFF BIN MOHD RASID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/12/2018 17:13

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



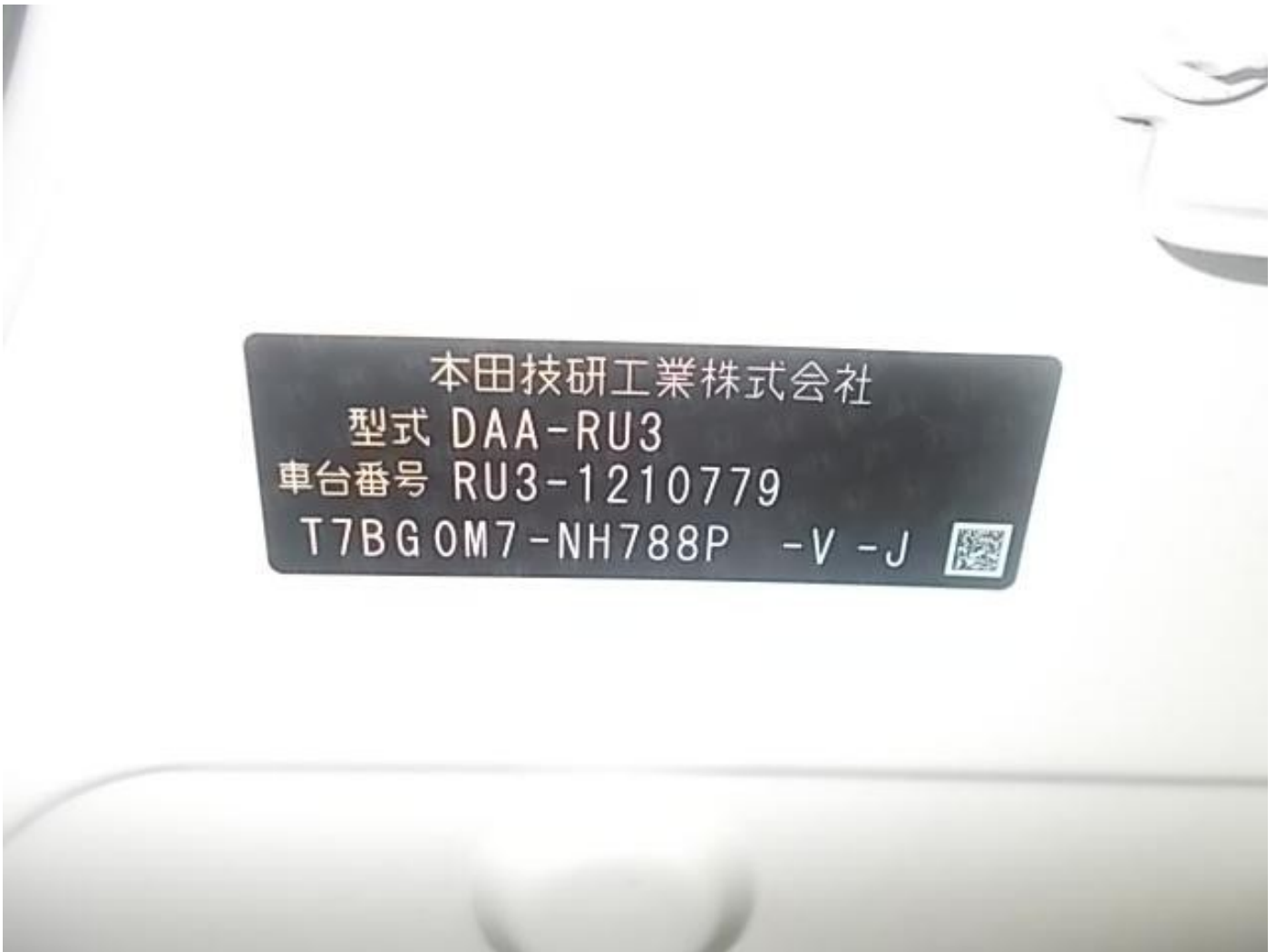
Accident Photo



Accident Photo



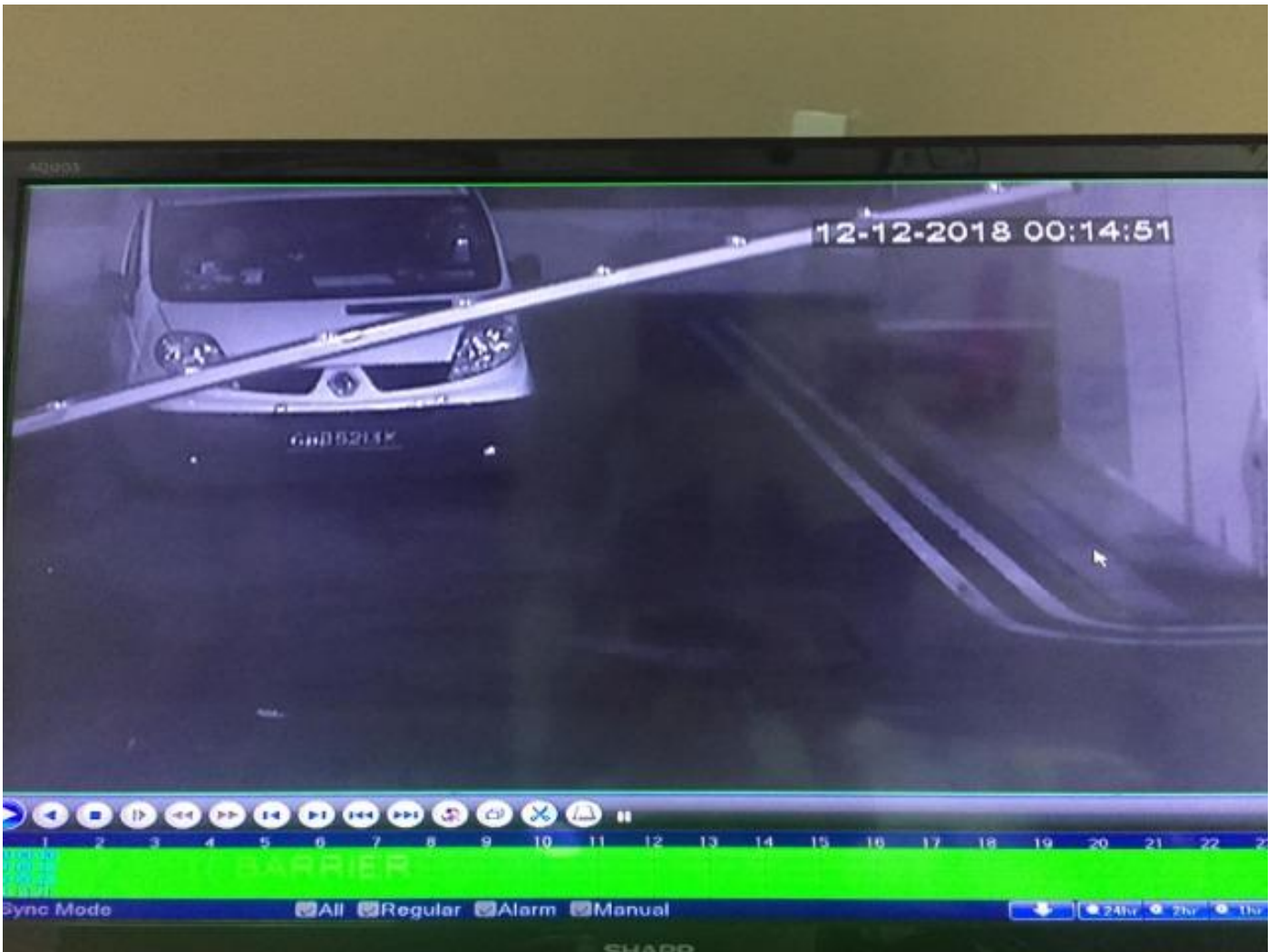
Accident Photo



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: S663500200 / GST Reg. No.: M400017731

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 : MAY18160584 Vehicle Registration No: SLH14244
Name (as shown in NRIC) : VEENU THAPPIYAN NRIC/FIN/Passport No : S6984549E
(*) Vehicle Driver / Vehicle Owner (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 90689020
Email Address : _____
Date of Accident : 12/12/2018 Time of Accident : 07:20
Place of Accident : WORKING ON ROAD BLK 32 RIVER VALLEY CREST
Insurance Company: NTUC

(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:

- ① To CHANGE from REPORTING TO THIRD PARTY CLAIMS.
- ② To INSURE T/P VEHICLE NUMBER GBB 5213K & PHOTOS.

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: KEE LIAH
NRIC/FIN No.: _____
Date: 02/01/2019

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: S665500200 / GST Reg. No: M400017731

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 : MNAV1816050F-01 Vehicle Registration No: SUH 14241
Name (as shown in NRIC) : SUNIL KUMAR THARATHAN NRIC/FIN/Passport No : S2708225D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 32 RIVER VALLEY CIRCLE A09-39 Pacific Mansion Singapore (238436)
Contact (Tel) : _____ Mobile No. : 90107230
Email Address : Suniltharathana123@gmail.com
Date of Accident : 12/12/2018 Time of Accident : 0014 HRS
Place of Accident : PACIFIC MANSION PARKING LOT
Insurance Company : NTUC INCOME

(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:

From third party to own damage claims

Policyholder / Driver's Signature
Date: 28/01/2019

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 29/01/2019