SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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

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	ACCIDENT STATEMENT
Date Of Report	07/01/2019 16:55
Date Of Accident	06/01/2019 10:30
Exact Location Of Accident	MEI LING ST MARKET (MSCP DECK 4A)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW9865Z
Insured/Policyholder	
Name Of Registered Owner	THRUMURGAN S/.O RAMAPIRAM
NRIC No	S7332757A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96387571
Alternative Phone No	OTHERS-96387571
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	THIRD PARTY
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	DMPCSN3073311800
Cover Note Number	15/11/18 - 14/11/19
Driver	
Name of Driver	YIP CHEE MENG
NRIC No	S0143211G
Date Of Birth	18/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1969
Driving Experience	49 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96387571
Fax Number	
Contact Number	

YIPCHEEMENG49@GMAIL.COM

BLK 95 JLN SENDUDOK #01-56 Address

Postcode 769473 Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - FATHER-IN-LAW

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 (including own vehicle)

2

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC3765Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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

VEHICLE NO.: SLW9863Z
INSURER : China Tarpag
DATE & TIME: 61.113 16.569m

IMPORTANT NOTICE

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- 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.
- 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.
- 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 (all insurers/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 malling 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 policy)

(If driver is not the policyholder)

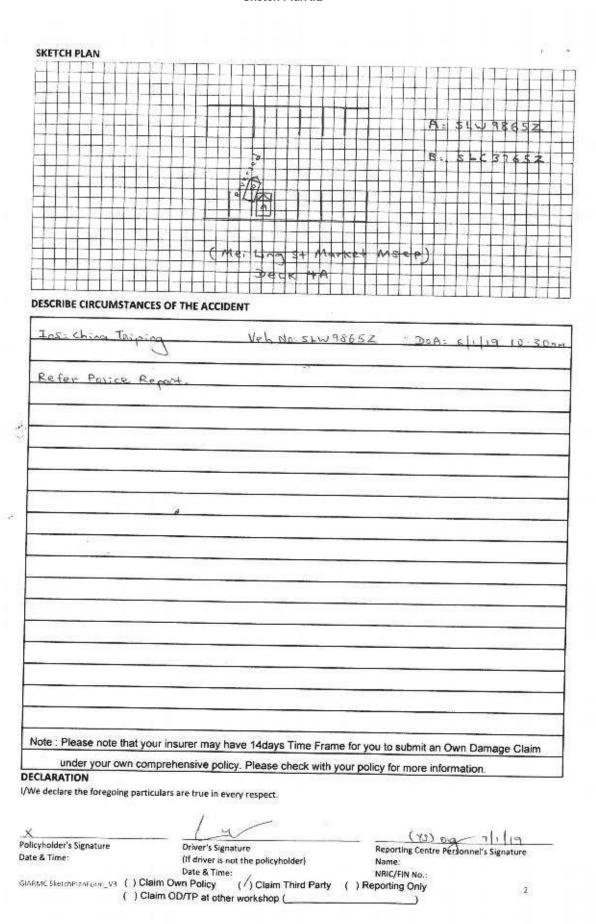
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Sketch Plan #2







Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999 1 of 3 Report No. T/20190107/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2019 15:33		Made:	Vide Report No.:	Station Diary No. 69	
Informa	nt's Partic	ulars			
Name of Informant: YIP CHEE MENG			Address: APT BLK 95 JLN SENDUDOK #01-56 SINGAPORE 769473		
ID Type / ID No.: NRIC NO / S0143211G			Contact No.: Home/Office:	Mobile: 96387571	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 69	Date of Birth: 18/10/1949	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: RETIRED			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/01/2019 10:30	Type of Location Car Park	
Location: Along Road 1 MEI LING ST					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:	
One Way		Charles and the particular			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLC3765Z	Car					0
SLW9865Z	Car				Slightly Damaged	0



T/20190107/2118

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999 2 of 3 Report No. T/20190107/2118

CONTINUATION OF REPORT

Brief Details.

On 06/01/2019 at about 0930hrs, I parked my vehicle SLW9865Z along Mei Ling Street Market MSCP at Deck 4A, everything was intact, nothing amiss. On the same day at about 1010hrs, I went back to retrieve my vehicle and went to Holland Village Market without noticing the damage. Subsequently, when I parked my vehicle at Holland Village, I discovered some deep scratches on the front left side of my vehicle. I then view my in-car camera, the footage manage to capture the vehicle SLC3765Z was reversing and hit onto my vehicle on 1000hrs at Mei Ling Street Market MSCP.

There is no note left at my vehicle and I do not know is the one who hit on my vehicle.





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999 3 of 3 Report No. T/20190107/2118

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: L / Sgt 3 GUNACHANDRAN S/O ARUMUGAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2019 15:33
Officer In Charge Of Case:	Classification Of Case:
SI KALESWARI PALANI Contact No.: 65476902	SN 085
Authentication Stamp NP168	