

## 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	12/02/2019 14:46
Date Of Accident	05/02/2019 17:05
Exact Location Of Accident	B/364 BUKIT BATOK STREET 31 ( OPENSOURCE CARPARK )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9004P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR PADMANABAN S/OJAYARAM
NRIC No	S2655317B
Email Address	NATHAN@PRECON.COM.SG
Mobile Phone No	(LOCAL) +65-96907662
Alternative Phone No	OTHERS-96907662

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS-S 2.4 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	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	DMPCSN3064111800
Cover Note Number	

### Driver

Name of Driver	MR PADMANABAN S/OJAYARAM
NRIC No	S2655317B
Date Of Birth	21/10/1963
Occupation	INDOOR
Date Of Driving Pass	27/11/1984
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96907662
Fax Number	
Contact Number	OTHERS-96907662
Email Address	NATHAN@PRECON.COM.SG

Address	BLK 364 BUKIT BATOK STREET 31 #02-257
Postcode	650364
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 370 BUKIT BATOK STREET 31 , <b>POSTCODE:</b> 650370 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5679999 - <b>FAX NO:</b> 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190207/2056

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ8508T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

#### 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:

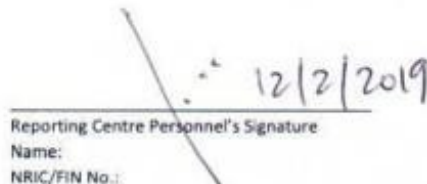
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

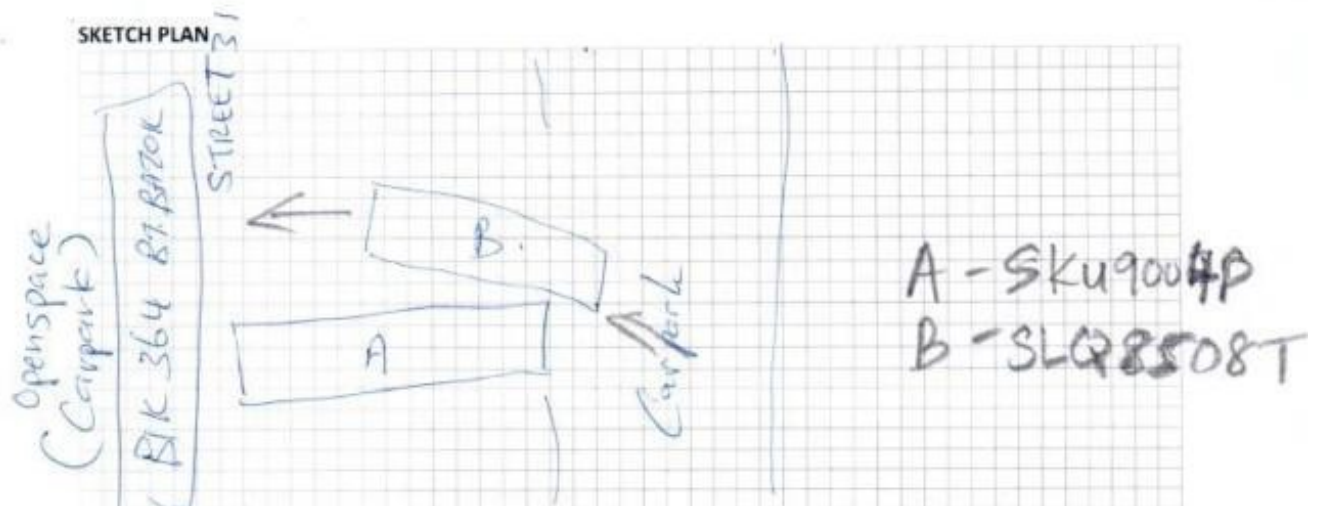


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



12/2/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report - T/20190207/2056

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 12/2/2019

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

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20190207/2056

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20190207/2056

#### CONTINUATION OF REPORT

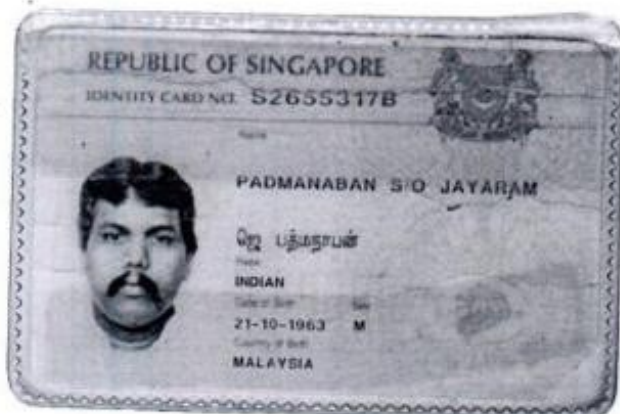
Vehicle Owner			
Name	PADMANABAN S/O JAYARAM	ID No.	S2655317B
Related Vehicle	SKU9004P (Car)	Contact No.	96907662
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

#### **Brief Details.**

On 05/02/2019 at about 1600hrs, I had parked my car at B/364 Bukit Batok St 31 Openspace carpark. On 06/02/2019 at about 1100hrs, I went to my car and discovered damages to the left side of the car. I then viewed the in-car camera and discovered that on 05/02/2019 at about 1706hrs, one white Toyota Corolla Altis registration: SLQ8508T was reversing into one of the parking lot beside my car and subsequently hit the left side of my car when the driver was reversing. The driver did not leave his/her contact details. I still have the footage of the accident.



# Sketch Plan #4



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





TOYOTA MOTOR CORPORATION JAPAN  
 MODEL DEB-AOR50W-UF  
 ENGINE 230  
 VIN 2XV-FE  
 TRIM 7067326  
 COLOR FC13  
 PLANT C25  
 OPTION  
 BLADE K112 -01A 010



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190207/2056

1 of 3

Report No. T/20190207/2056

Police Station Of Origin:

Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2019 12:59	Vide Report No.:	Station Diary No.: 15
--------------------------------------------	------------------	--------------------------

### Informant's Particulars

Name of Informant: PADMANABAN S/O JAYARAM			Address: APT BLK 364 BUKIT BATOK STREET 31 #02-257 SINGAPORE 650364	
ID Type / ID No.: NRIC NO / S2655317B			Contact No.: Home/Office: Mobile: 96907662	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 55	Date of Birth: 21/10/1963	Type of Informant: Vehicle Owner	
Race: Indian			Language:	Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/02/2019 17:05	Type of Location: Car Park
Location: Along Road 1 BUKIT BATOK STREET 31  B/364 Bukit Batok St 31 Openspace carpark.				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SKU9004P	Car					0
SLQ8508T						0

### Details of Person Involved

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190207/2056

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

2 of 3

Report No. T/20190207/2056

### CONTINUATION OF REPORT

Vehicle Owner			
Name	PADMANABAN S/O JAYARAM	ID No.	S2655317B
Related Vehicle	SKU9004P (Car)	Contact No.	96907662
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 05/02/2019 at about 1600hrs, I had parked my car at B/364 Bukit Batok St 31 Openspace carpark. On 06/02/2019 at about 1100hrs, I went to my car and discovered damages to the left side of the car. I then viewed the in-car camera and discovered that on 05/02/2019 at about 1706hrs, one white Toyota Corolla Altis registration: SLQ8508T was reversing into one of the parking lot beside my car and subsequently hit the left side of my car when the driver was reversing. The driver did not leave his/her contact details. I still have the footage of the accident.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190207/2056

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

3 of 3

Report No. T/20190207/2056

### 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:  
J /  
Staff Sgt MUHAMMAD RIDHWAN BIN BORHAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/02/2019 12:59

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Classification Of Case:

Authentication Stamp  
NP168

## 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: S66550020G / GST Reg. No.: M400017735

**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 : NNA119019535 Vehicle Registration No: SKU 9004 P  
Name (as shown in NRIC) : MR. PADMANABAN S/O JAYARAM NRIC/FIN/Passport No : S2655317B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 364, BUKIT BATOK STREET 31, #02-257 Singapore 650364  
Contact (Tel) : — Mobile No. : 96907662  
Email Address : NATHAN @ PRECON . com . SG  
Date of Accident : 05/02/2019 Time of Accident : 17:05  
Place of Accident : B/364 BUKIT BATOK STREET 31 (OPEN SPACE CARPARK)  
Insurance Company : China Taiping Insurance (Singapore) Pte Ltd.

#### (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:

Amend videos captured yes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

14/2/2019  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: