### 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 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

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 ( OPENSPACE CARPARK )
Country/State of Loss	SINGAPORE
1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU9004P
Insured/Policyholder	
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

-

2

NO

NO

**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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

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

ROAD: BLK 370 BUKIT BATOK STREET 31, POSTCODE: 650370,

Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5679999 - FAX NO: 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? NO
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

Page 2 of 26

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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 ladgment 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)
  - (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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatur

NRIC/FIN No.:

## Sketch Plan #2

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DECLARATION	particulars are true in ev	ery respect.	\
I/We declare the foregoing	hai cicaiai a are ci de lii de		
		5	12/2/201
	Driver's Sign	5	Reporting Centre Personnel's Signature

### Sketch Plan #3



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

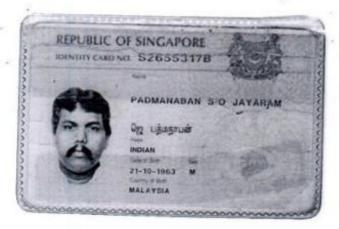
### CONTINUATION OF REPORT

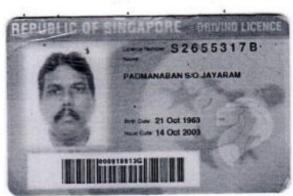
Vehicle Owner					PERMIT	
Name	PADMANABAN S/0	) JAYARA	М	ID No	).	S2655317B
Related Vehicle	SKU9004P (Car)			Conta	act No.	96907662
Hospital/Clinic	NIL			Class Drivin Licens Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	the state of the s	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	-	NIL	

#### Brief Details.

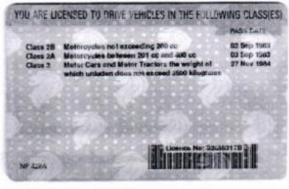
On 05/02/2019 at about 1600hrs, I had parked my car at B/364 Bukit Batok St 31 Openspace carpark. On 06/02/2019 at about 1100hrs, I went to my car and discovered damages to the left side of the car. I then viewed the in-car camera and discovered that on 05/02/2019 at about 1706hrs, one white Toyota Corolla 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









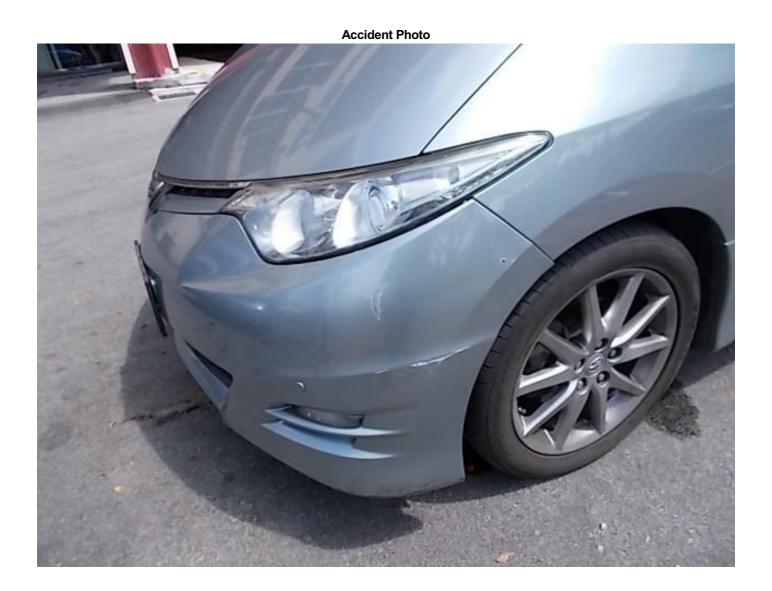




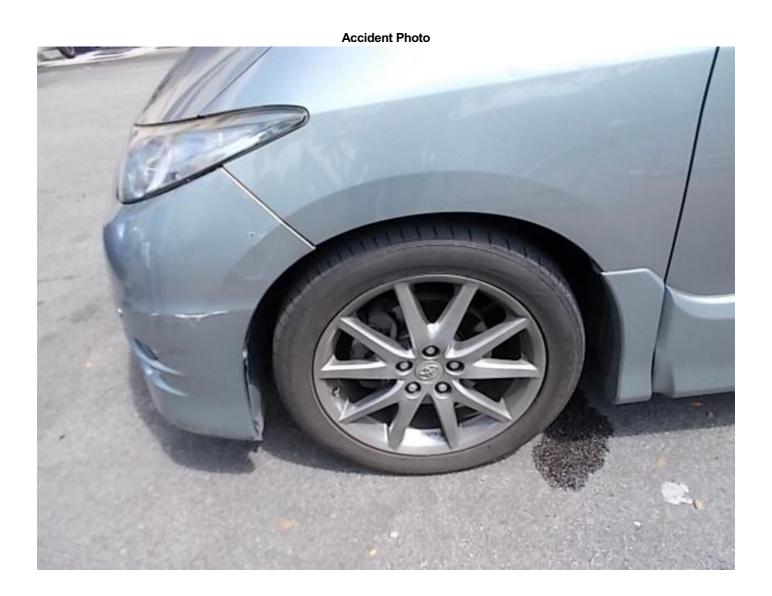
































Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 1 of 3 Report No. T/20190207/2056

Tel No: 1800-5679999

REPORT	OF A	TRAFFIC	ACCIDENT

	ne Report N 019 12:59	Nade:	Vide Report No.:	Station Diary No. 15	
Informa	nt's Partice	ulars		TO SHARE THE RESERVE OF THE PARTY OF THE PAR	
Name of Informant: PADMANABAN S/O JAYARAM			Address: APT BLK 364 BUKIT BATOK STREET 31 #02-257 SINGAPORE 650364		
D Type / ID No.: NRIC NO / S2655317B		17B	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:	
Occupat Self-Em			Driving Licence Informati Class:	Date of Expiry:	

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	
	OK STREET 31 Batok St 31 Openspace	e carpark.			
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow: Traffic Control:				Traffic Volume:	

Details of V	The second secon	rved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKU9004P	Car					0
SLQ8508T		_				0

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

#### Police Report





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

Name	PADMANABAN S/	) JAYARA	М	ID No	).	S2655317B
Related Vehicle	SKI IOOO 4D (O )			1,925,1893		
related vehicle	SKU9004P (Car)		Conta	act No.	96907662	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		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**





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.

Ma
Date/Time: 07/02/2019 12:59
Classification Of Case: