

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	01/07/2019 11:00
Date Of Accident	29/06/2019 14:50
Exact Location Of Accident	PASIR PANJANG HILL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD8194U
Insured/Policyholder	
Name Of Registered Owner	SIVARAJAN S/O KASINATHAN
NRIC No	S8236465Z
Email Address	ITSTHATGUY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92724156
Alternative Phone No	OTHERS-92724156

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00008693
Cover Note Number	

Driver

Name of Driver	SIVARAJAN S/O KASINATHAN
NRIC No	S8236465Z
Date Of Birth	08/11/1982
Occupation	INDOOR
Date Of Driving Pass	22/05/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92724156
Fax Number	
Contact Number	OTHERS-92724156
E-Mail Address	ITSTHATGUY@GMAIL.COM

Address	BLK 728 ANG MO KIO AVE 6 #09-4282
Postcode	560729
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	COLLIDED INTO PARKED VEHICLE
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	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190629/2136

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA6273K
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)

Accident Sketch Plan

SKETCH PLAN

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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:

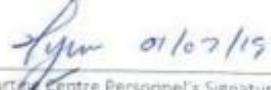
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



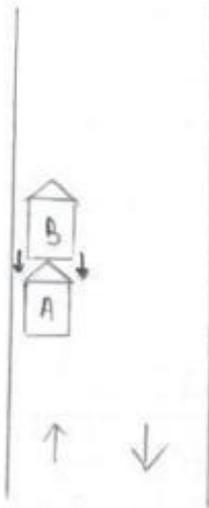
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



A = SKDB194U
B = GBA6273K
Pasar Panjang Hill

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

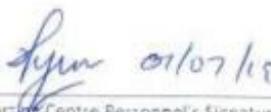
Refer to Police Report
Report NO: T/20190629 / 2136

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:


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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190629/2136

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3
Report No. T/20190629/2136

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD8194U	FWD Singapore Pte. Ltd	PNPV2019-00008693	11/05/2019	10/05/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SIVARAJAN S/O KASINATHAN		ID No.	S8236465Z
Related Vehicle	SKD8194U (Car)		Contact No.	92724156
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 29/9/2019 at about 2.50pm, I was driving my vehicle(SKD8194U) along Pasir Panjang Hill and had stopped and parked my vehicle near Viva Vista to meet my girlfriend. I noticed there was a lorry(GBA6273K) parked in front of me at the time I arrived.

At about 2.55pm, I returned to my vehicle with my girlfriend and drove to Pan Pacific Service Apartment and parked my vehicle at Basement 1.

At about 3.30pm, I returned to my vehicle and discovered that there was some damages on the front hood where there was some scratches and dents. I tried to open the hood but to no avail. As such I viewed my in car camera and discovered that at about 2.51pm, at Pasir panjang hill, the said lorry which was parked in front of my vehicle, had reversed into my vehicle and drove off without leaving any contact details or note. I am lodging this report for my insurance claiming purposes.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190629/2138

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7358999

1 of 3

Report No: T/20190629/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2019 19:48		Video Report No.:	Station Diary No.: 173
Informant's Particulars			
Name of Informant: SIVARAJAN S/O KASINATHAN		Address: APT BLK 729 ANG MO KIO AVENUE 6 #09-4282 SINGAPORE 560729	
ID Type / ID No.: NRIC NO / S8236465Z		Contact No.:	Mobile: 92724156
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 08/11/1982	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Medical scientist		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: 29/08/2019 14:50	Type of Location: Straight Road
Location: Along Road 1 PASIR PANJANG HILL ALONG PASIR PANJANG HILL				
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
GBA6273K	Lorry					0
SKD8194U	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20190829/2136

Police Station Of Origin:
Orchard N P C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3

Report No. T/20190829/2136

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD8194U	FWD Singapore Pte. Ltd	PNPV2019-00008693	11/05/2019	10/05/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SIVARAJAN S/O KASINATHAN		ID No.	S8236485Z
Related Vehicle	SKD8194U (Car)		Contact No.	92724156
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

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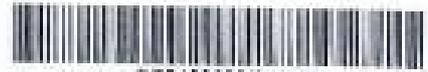
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Police Report



SINGAPORE
POLICE FORCE



T/20190629/2139

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 3

Report No. T/20190629/2139

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: E / Sgt 3 SURIN ADAM MAX JUNIOR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2019 19:48
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No: 65476358	Classification Of Case:
Authentication Stamp NP150 	

Identification Card

IDENTIFICATION CARD 88236485Z 



SIVARAJAN S/O KABINATHAN
For LKK/NAC Use Only
For LKK/NAC Use Only

NR144
10-11-1950 M
SINGAPORE

5285194 U
over a driver

88236485Z



NR144 88236485Z



For LKK/NAC Use Only

NR144
10-11-1950

APT BLK 103 ANG MO KIO AVENUE #
828-4228
SINGAPORE 880722

