

Date of Accident : 29/7/19 Accident Time: 15:20 (24-HR-Format)
Accident Place : At 44 Minden Road Cepur K
Vehicle. No. (Car Plate No.) : 8JJ253R Make/Model: Mazda 6
Insurance Company : MSIG Policy No: 4 29095999
Owner or Company Name /IC No. : Mohanambal d/o Sundraveilu/s 810249214
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Thevandram s/o subramaniam/s 801681867
DRIVER'S Date Of Birth : 16/6/1980 DRIVER'S License Pass Date 4/11/2000
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Husband
DRIVER'S Address : BIK 319C Anchorvale Drive #11-64 5548319
DRIVER'S Contact No./ Alt No. : 1) 91165741 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle. No: <u>SHD4103U</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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.

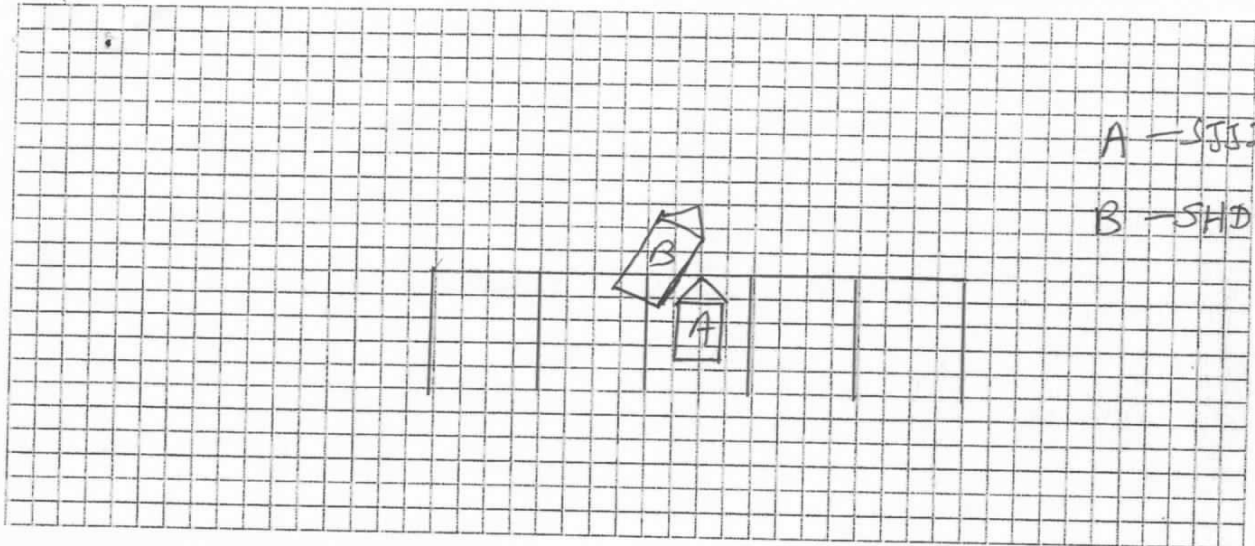
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN.



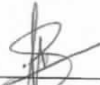
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report F/20190729/7056

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.:



**SINGAPORE
POLICE FORCE**



F/20190729/7056

1 of 2

POLICE REPORT (NP299)

Report No. F/20190729/7056

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 29/07/2019 20:58		Vide Report No.		Station Diary No.	
Name Of Informant THEVANDRAN S/O SUBRAMANIAM		Address APT BLK 319C ANCHORVALE DRIVE #11-64 SINGAPORE 543319			
ID Type / ID No. NRIC NO / S8016818G		Contact No. Home/Office: Mobile: 91165741			
Nationality SINGAPORE CITIZEN		Email Address dave21.sub@gmail.com			
Occupation IT business process consultant/business analyst		Sex Male	Age 39	Date of Birth 16/06/1980	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 29/07/2019 15:20 - 29/07/2019 15:30		Location Of Incident APT BLK 319C ANCHORVALE DRIVE #11-64 SINGAPORE 543319			

Brief details.

I, Thevandran S/O Subramaniam, NRIC: S8016818G, had parked my car SJJ253R Mazda 6, at 44 minden road carpark. at about 2pm after lunch. I came back after my work at 6pm to the car park to pick up my car and notice there was a dent on my front passenger side bumper. I check my car cam notice a Taxi reversed into my car and banged. From the video i also noticed that he did not stop to even check the damage but drove off.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/07/2019 20:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190729/7056

Attached is the pic and video.

Subjects Involved			
Victim			
Person Name	THEVANDRAN S/O SUBRAMANIAM		
ID Type	NRIC NO	ID No	S8016818G
Gender	Male	Age	39
Race	Indian	Language	English
Occupation	IT business process consultant/business analyst	Address Type	
Address	APT BLK 319C ANCHORVALE DRIVE #11-64 SINGAPORE 543319	Mobile No	91165741
Is Informant A Victim?	Yes		
Person Name	THEVANDRAN S/O SUBRAMANIAM (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/07/2019 20:58
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	