

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	17/10/2019 17:43
Date Of Accident	12/10/2019 22:00
Exact Location Of Accident	BLK47 MARINE CRESCENT MULTI STOREY CARPARK LOT91
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3108L
Insured/Policyholder	
Name Of Registered Owner	LAVANYA D/O ANPALAKAN
NRIC No	S8933476D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91941505
Alternative Phone No	OFFICE-91941505

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3064291900
Cover Note Number	

Driver

Name of Driver	LAVANYA D/O ANPALAKAN
NRIC No	S8933476D
Date Of Birth	18/09/1989
Occupation	INDOOR
Date Of Driving Pass	08/11/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91941505
Fax Number	
Contact Number	OFFICE-91941505
Email Address	NOEMAIL

Address	BLK 47 MARINE CRESCENT #03-64
Postcode	440047
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	SJZ8650R
	-
	-
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE ATTACHED POLICE REPORT: T/20191012/2120.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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:

17/11/19

17:20 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

No sketch drawing attached!

[Handwritten signature]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report attached: T/2019/012/2120.

DECLARATION

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

[Handwritten signature]
Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Handwritten signature]
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191012/2120

1 of 3

Report No. T/20191012/2120

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2019 23:04	Vide Report No.: G/20191012/0220	Station Diary No.: 97
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Informant's Particulars

Name of Informant: LAVANYA D/O ANPALAKAN			Address: APT BLK 47 MARINE CRESCENT #03-64 SINGAPORE 440047	
ID Type / ID No.: NRIC NO / S8933476D			Contact No.: Home/Office: Mobile: 91941505	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 30	Date of Birth: 18/09/1989	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: VISA OFFICER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/10/2019 22:00	Type of Location: Car Park
Location: Along Road 1 MARINE CRESCENT BLOCK 47 MARINE CRESCENT MULTI STOREY CARPARK LOT 91				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	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
SLS3108L	Car	MERCEDES BENZ	CLA180 (R18 BI)	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS3108L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30642919 00	28/08/2019	27/08/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191012/2120

2 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20191012/2120

CONTINUATION OF REPORT

Brief Details.

I am the above mentioned person residing at the above mentioned address. I am the registered vehicle owner for one red Mercedes CLA180 (VRN: SLS3108L)

On 11/10/2019 at about 0615hrs, I parked and secured the said vehicle at the multistory carpark next to Block 47 Marine Crescent at lot 91. There were no damages to my vehicle when I left the multistory carpark.

On 12/10/2019 at about 2200hrs, I went to my vehicle and discovered that there were some white scratches at the front right of my car. The scratches appeared to be caused by another vehicle. There were no incriminating objects nearby to my car. At the time, the lot to my right (lot number 90) was unoccupied. There was no note left on my vehicle. I do not have an in-car camera in my vehicle. I observed that opposite my vehicle, there were two vehicles (SLZ4746B and SJT7955A) that had in-car cameras. I had left a note for the drivers of the vehicles to contact me if their in-car camera footages captured any accidents involving my vehicle.

I called for assistance from Traffic Police and was then advised to lodge a Traffic Accident Report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191012/2120

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20191012/2120

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:

G /
Sgt 3 MUHAMMAD YOUSUF AKMAL BIN
MAHMOOD SHAH

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:
12/10/2019 23:04

Classification Of Case:

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8933476D**



Name
LAVANYA D/O ANPALAKAN

அ லாவண்யா

Race
INDIAN

Date of birth
18-09-1989

Sex
F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S8933476D**

Name:
LAVANYA D/O ANPALAKAN

Birth Date: **18 Sep 1989**

Issue Date: **08 Nov 2010**



Identification Card

3 8 1 7 5 5 1



NRIC No. **S8933476D**

Date of issue

27-09-2004

APT BLK 47 MARINE CRESCENT #03-64
SINGAPORE 440047

NRIC No.

S8933476D

Date:

22/02/2012

No:

7317171

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

08 Nov 2010

NP 428A



Licence No: S8933476D

SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

