Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/10/2019 17:51

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 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	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
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3064291900

r۱۱	

Cover Note Number

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

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

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 0

Number of Passengers (Including Driver)

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?

If Yes, against whom?

NO

Circumstances of Accident

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

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO NO

Page 2 of 24

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 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.
- 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 :
 - 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, involces, 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:
 - 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:

17/10/19

17:20 pm

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:

Name:

NRIC/FIN No.:

Sketch Plan #2

KETCH PLAN						
	No	sketch	drawing	atta	ched!	
		es of the accil to the		ort at	tached:	: اد/داه/ ۱۹ امد/ ۲
	P					
		40-7				
ECLARATION We declare the		rticulars are true ii	n every respect.	14		
olicyholder's Sigr ste & Time:	nature		Signature r is not the policyholder) Time:		Reporting Cents Name: NRIC/FIN No.:	re Personnel's Signature

GIARME SketchPlanForre_V3

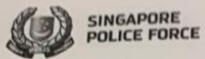
POLICE REPORT





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

Date/Time Report Made: 12/10/2019 23:04			Vide Report No.: G/20191012/0220	Station Diary No. 97	
Informan	t's Particu	ulars			
	nformant: A D/O ANF	PALAKAN	Address: APT BLK 47 MARINE CRESO 440047	CENT #03-64 SINGAPORE	
ID Type / ID No.: NRIC NO / S8933476D			Contact No.: Home/Office:	Mobile: 91941505	
Nationality SINGAPO	y: ORE CITIZ	EN	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 Infor	nation of the Accide			April 100 miles	
Type of Accident: Non-Injury Hit and Run		Drink Date/Time of Accident: No 12/10/2019 22:		Type of Location: Car Park	
	SCENT		PARK LOT 91		
Weather: Clear		Road Surface: Dry	R	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Т	Traffic Volume:	
Type of Collision Moving Vehicle	а	Anyone conveyed by ambulance: No			

Details of V	ehicle Invo	Ived		The same	Versions	No.
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS3108L	Car	MERCEDES BENZ	CLA180 (R18 BI)	Red	Slightly Damaged	0

Details of V	ehicle Insurance		-	
Vehicle No.	Insurance Company	Illisurance 140	Effective	Expiry Date
SLS3108L	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSN30642919 00	28/08/2019	27/08/2020

POLICE REPORT



T/20191012/2120

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Report No. T/20191012/2120

Tel No: 1800-4428999

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



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 Informant: Signature Of Officer Recording The Report: Sgt 3 MUHAMMAD YOUSUF AKMAL BIN MAHMOOD SHAH Date/Time: Signature Of Interpreter: 12/10/2019 23:04 Not applicable Classification Of Case: Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902 Authentication Stamphore NP168

SIGNATURE

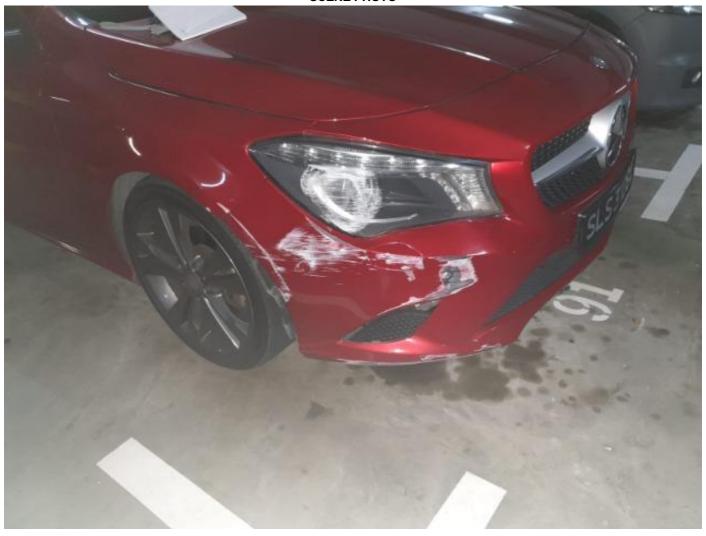




SCENE PHOTO



SCENE PHOTO



SCENE PHOTO















