

## 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	25/11/2019 09:39
Date Of Accident	23/11/2019 15:50
Exact Location Of Accident	CANNING RISE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7712U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DON ARAVIND RAJAH
NRIC No	S8314196D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93220975
Alternative Phone No	OFFICE-93220975

### Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.8 TFSI (A)
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?	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	PNPV2019-00009187
Cover Note Number	26/06/2019-25/06/2020

### Driver

Name of Driver	DON ARAVIND RAJAH
NRIC No	S8314196D
Date Of Birth	22/05/1983
Occupation	INDOOR
Date Of Driving Pass	29/05/2007
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93220975
Fax Number	
Contact Number	OFFICE-93220975
Email Address	NOEMAIL

Address	BLK 180 WESTWOOD AVENUE 10-01
Postcode	648145
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	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	2
Was any body injured in the Accident?	NO
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.	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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT

#### 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	QX1199B
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

A - SLW 7712U  
B - QX1199B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

**Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input checked="" type="checkbox"/>	- Claim OD/TP at other workshop

**DECLARATION**

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

Policyholder's signature

Date & Time

25/11/19  
gan

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.


SKETCH PLAN


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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: 25/11/19  
 9am

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

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



**SINGAPORE  
POLICE FORCE**



T/20191124/2024

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20191124/2024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/11/2019 11:13	Vide Report No.: E/20191123/0126	Station Diary No.: 82
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Informant's Particulars			
Name of Informant: DON ARAVIND RAJAH		Address: BLK 180 WESTWOOD AVENUE #10-01 SINGAPORE 648145	
ID Type / ID No.: NRIC NO / S8314196D		Contact No.: Home/Office: Mobile: 93220975	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 22/05/1983	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Artistic director (stage, film, television and radio)		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/11/2019 15:50	Type of Location: Carpark
Location: Along Road 1 CANNING RISE  at the Open Carpark.				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
QX1199B	Car				Slightly Damaged	1
SLW7712U	Car	AUDI	A4 1.8 TFSI MU (PI)	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLW7712U	FWD Singapore Pte. Ltd	PNPV2019-00009187	26/06/2019	25/06/2020



**SINGAPORE  
POLICE FORCE**



T/20191124/2024

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20191124/2024

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DON ARAVIND RAJAH	ID No.	S8314196D
Related Vehicle	SLW7712U (Car)	Contact No.	93220975
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 23/11/2019 at 1550hrs, I was walking to the carpark of BLK 7 Canning Rise and saw two police officers who informed me that their vehicle (QX1199B) had hit the front left of my vehicle (SLW7712U) while reversing. The police officers then informed me to that they had called the Traffic Police to the incident location. My front left side of my vehicle was damaged from the accident. I have no build in camera in my vehicle. The Traffic Police gave me a case card with the report number (E/20191123/0126) and informed me to lodged a police report at a Police Station.



**SINGAPORE  
POLICE FORCE**



T/20191124/2024

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20191124/2024

## 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:

J /

Sgt 2 MOHAMMAD ISKANDAR ZULHAQQIM  
BIN ZULKENAIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED MUHAMMAD BIN SYED

FARID ALBANI

SINGAPORE  
POLICE FORCE  
Contact No: 65476090

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

24/11/2019 11:13

Classification Of Case:





To Whom It May Concern

Police Ref: E/20191123 / 0126

**ACCIDENT INVOLVING SPF VEHICLE AND PRIVATE VEHICLE**

If you wish to make any claim against the Singapore Police Force resulting from a motor vehicle accident, you can write to:-

SPF Accident Claims Section  
Automotive Engineering & Management Division  
Police Logistics Department  
1 Mount Pleasant Road  
Block 8 Old Police Academy  
Singapore 298333

2 Before you send your vehicle for repair, you can have your vehicle inspected by an appraiser appointed by the Singapore Police Force. If you wish to do so, you can contact the Vehicle Safety & Claims Officer (Tel No: 64784840, Fax No: 64784848) to make the necessary arrangements.

3 When submitting your claim, please ensure that the following are enclosed:

- a) Police report
- b) Survey report (if any)
- c) Repair Bill
- d) Original Photographs of damage

4 Nothing in this notice shall be treated as acceptance by the Singapore Police Force of any liability whatsoever for any damage sustained as the result of the accident in which your vehicle and the Police vehicle are involved.

5 If your claim relates to personal injuries, please send your claim to:

The Attorney General  
Attorney General's Chambers  
1 Upper Pickering Street  
Singapore 058288.