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 <u>truthful and accurate</u> 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.
- 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

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		ACCIDENT STATEMENT				
	Date Of Report	17/12/2019 16:59				
	Date Of Accident	16/12/2019 14:25				
	Exact Location Of Accident	BLK 508 BISHAN ST 11 OPEN SPACE CARPARK				
	Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE					
	Vehicle Registration Number	SLB9683S				
	Insured/Policyholder					
	Name Of Registered Owner	B MAHENTHIRAN S/O M BALASINGAM				
	NRIC No	S2682037E				
	Email Address	NOEMAIL				
	Mobile Phone No	(LOCAL) +65-92471671				
	Alternative Phone No	OFFICE-92471671				
	Vehicle Particulars					
	Manufacturer	HONDA				
	Model	VEZEL 1.5X CVT				
	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	NTUC INCOME INSURANCE CO-OPERATIVE LTD				
	Type Of Coverage	COMPREHENSIVE				
	Fleet Policy	NO				

Fleet Policy NO

Policy Number 5099401587-01

Cover Note Number

Driver

Name of Driver B MAHENTHIRAN S/O M BALASINGAM

NRIC No S2682037E

Date Of Birth 11/10/1966

Occupation INDOOR

Date Of Driving Pass 29/09/1998

Driving Experience 21 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92471671

Fax Number

Contact Number OFFICE-92471671

EMail Address NOEMAIL

BLK 126 PASIR RIS STREET 11 Address

#05-381

Postcode 510126

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 0

YES

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE

ROAD: 20 BISHAN STREET 23, POSTCODE: 579757, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191216/2121.

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 GW3807R

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 5. 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, 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 Personners Signatu Name:

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN		
	Blk Job Bishon H 11	A: State es a
	open space carparte.	A: SUBG 6635
		8: GW3807R
	R	
	A	
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
pefer to police	April - 1/2019/12/16/ 2021.	
	. /	
ECLARATION We declare the foregoing part	ticulars are true in every respect.	
Malew		
olicyholder's Signature	Driver's Signature	Reporting Centre Personny S Signature
ate & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

Police Report





Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

1 of 3 Report No. T/20191216/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2019 15:16			Vide Report No.:	Station Diary No.: 83	
Informa	nt's Partic	ulars			
	Informant: NTHIRAN NGAM		Address: APT BLK 126 PASIR RIS STREET 11 #05-381 SINGAPORE 510126		
ID Type / ID No.: NRIC NO / S2682037E			Contact No.: Home/Office: Mobile: 92471671		
Nationality: MALAYSIAN			Email:		
Sex: Age: Date of Birth: Male 53 11/10/1966			Type of Informant: Driver		
Race: Indian Occupation: SENIOR SECURITY EXECUTIVE			Language: English	Institution / School Name:	
			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/12/2019 14:30	Type of Location. Car Park	
Location: Along Road 1 BISHAN STR Blk 508 Bisha	EET 11				
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
	ion:			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GW3807R	Lorry			Blue		0
SLB9683S	Car	HONDA	VEZEL 1.5X CVT	Blue	Slightly	0

Details of V	ehicle Insurance		moral Letters	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB9683S	NTUC Income Insurance Co-Operative Limited	5099401587-01	28/03/2019	26/04/2020

Police Report





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

2 of 3 Report No. T/20191216/2121

CONTINUATION OF REPORT

Details of Perso	n Involved				Value I	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			ing: NA
Driver		- Chicago		Walter Street		
Name	B MAHENTHIRAN S/O M BALASINGAM			ID No	6	S2682037E
Related Vehicle	SLB9683S (Car)			Conta	ct No.	92471671
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days gran	ted Medical Leave	NIL		of Injury	NIL	

Brief Details

On 16/12/19 at about 1000hrs, I parked my vehicle at Blk 508 Bishan St 11 carpark lot 39 and everything was intact. At about 1430hrs, I retrieved back my vehicle and noted that there were fresh damages (a dent) to the front left bumper.

I also noticed that there is a vehicle parked next to mine bearing GW3807R (lot 40). I am unsure if the said vehicle is the one that had collided into my vehicle. GW3807R was not there when I parked my vehicle. As such, there is a possibility that GW3807R could had collided into my vehicle while it was reversing. I could not see any obvious damages to GW3807R probably as it is a heavy vehicle.

Details of GW3807R: 5001 Beach Road #03-98H Golden Mile Complex S(199588) Company no: B503058/00-M

Police Report





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 3 Report No. T/20191216/2121

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 LIYANA BINTE MOHD RAZALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2019 15:16
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168 SIGNA	























