

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	07/01/2020 12:27
Date Of Accident	06/01/2020 17:25
Exact Location Of Accident	BUKIT BATOK WEST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5442A
Insured/Policyholder	
Name Of Registered Owner	SUPPIAH VUEYAKUMAR
NRIC No	SXXXX138G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81127334
Alternative Phone No	OTHERS-81127334

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	SUPPIAH VUEYAKUMAR
NRIC No	SXXXX138G
Date Of Birth	07/06/1956
Occupation	INDOOR
Date Of Driving Pass	12/11/1987
Driving Experience	32 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-81127334
Fax Number	
Contact Number	OTHERS-81127334
Email Address	NOEMAIL

Address	BLK 421 BUKIT BATOK WEST AVENUE 2 #02-157
Postcode	650421
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	COLLIDED INTO PARKED VEHICLE
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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

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	GBE4991M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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:

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

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

SKETCH PLAN

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[illegible]

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



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

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



**SINGAPORE
POLICE FORCE**



T/20200106/2179

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Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20200106/2179

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2020 19:13		Vide Report No.: J/20200106/0103		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: SHANMUGA GANESH S/O VIJEYAKUMAR			Address: APT BLK 421 BUKIT BATOK WEST AVENUE 2 #02-157 SINGAPORE 650421		
ID Type / ID No.: NRIC NO / S8830567A			Contact No.: Home/Office: Mobile: 87677936		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 27/08/1988	Type of Informant: Vehicle owner's son		
Race: Indian			Language:		Institution / School Name:
Occupation: SECURITY OFFICER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/01/2020 17:25	Type of Location: Car Park
Location: Along Road 1 BUKIT BATOK WEST AVENUE 2				
At Parking Lot 444, near Block 421 Bukit Batok West Ave 2				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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
GBE4991M	Lorry					0
SKR5442A	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20200106/2179

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Tel No: 1800-5679999

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Report No. T/20200106/2179

CONTINUATION OF REPORT

Driver			
Name	KODUS	ID No.	G8154061L
Related Vehicle	GBE4991M (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle owner's son			
Name	SHANMUGA GANESH S/O VIJEYAKUMAR	ID No.	S8830567A
Related Vehicle	SKR5442A (Car)	Contact No.	87677936
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/01/2020 at about 1040hrs, my father (Suppiah Vijeyakumar, S1216138G, HP: 81127334) parked his car (registration plate number: SKR5442A) at parking lot 444 at Blk 421 Bukit Batok West Ave 2. Everything was intact and normal. He then took a Grab car to brought my mother over to Singapore General Hospital.

At about 1720hrs, as it was drizzling, my father called me to fetch him with an umbrella. When I exited my lift lobby, I saw my father's vehicle covered in construction canvass. I then saw a laminated note placed on the car stating "SORRY FOR THE DAMAGE CAUSED PLEASE CONTACT THE BELOW NUMBER FOR REPAIR MR SHALOM 98351857 AND MR LIM 93829959". I then saw heavily dented damage on my father's car left side area.

I then saw a make-shift office at Blk 421 Bukit Batok West Ave 2 hence I enquired with them if they knew about the incident. I was told that Mr Lim (stated on the laminated note) was the driver's company supervisor, who caused the damage.

Mr Kodus (registration plate number: GBE4991M; FIN no: G8154061L, care of Company precise Development Ptd Ltd) soon came over the incident location. Police also came over shortly after.

Mr Kodus informed that he would liaised with my father regarding the insurance claim. He also give a his company's admin officer contact details (Mr Noelle, Tel: 68623310).



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T/20200106/2179

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Report No. T/20200106/2179

CONTINUATION OF REPORT



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T/20200106/2179

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Report No. T/20200106/2179

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 MUHAMMAD MUJAHID BIN SAMSUDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2020 19:13
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No: 65474885	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	