

## 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	14/10/2019 15:05
Date Of Accident	12/10/2019 15:30
Exact Location Of Accident	SGH MAC CARPARK LOT NO 124
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4905R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ELAMPARIDHI S/O RAJAGOPAL
NRIC No	SXXXX285J
Email Address	RELAMPARIDHI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97294520
Alternative Phone No	OFFICE-97294520

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI S TRONIC
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	1900114807
Cover Note Number	

### Driver

Name of Driver	ELAMPARIDHI S/O RAJAGOPAL
NRIC No	SXXXX285J
Date Of Birth	23/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1989
Driving Experience	30 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-97294520
Fax Number	
Contact Number	OFFICE-97294520
Email Address	RELAMPARIDHI@YAHOO.COM

Address	BLK 837 HOUGANG CENTRAL #15-519
Postcode	530837
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?	NO
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

PLEASE REFER TO POLICE REPORT NO : T/20191012/2080

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	9998
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

14/10/19 @  
11:20 h

GIA/MAC S&P



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

14/10/19 @  
11:20 h



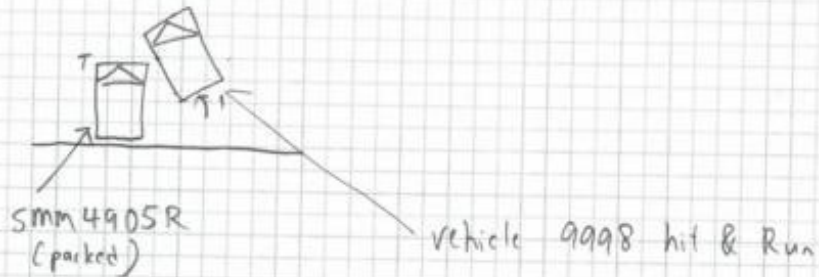
Reporting Centre Personnel's Signature

Name: Tan Fong

NRIC/FIN No.: G720401171

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Plc refer to Police Report no: T/20191012/2080

### DECLARATION

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

Policyholder's Signature  
Date & Time:

14/10/19 @

1120 hr

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

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

62040 X11X



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





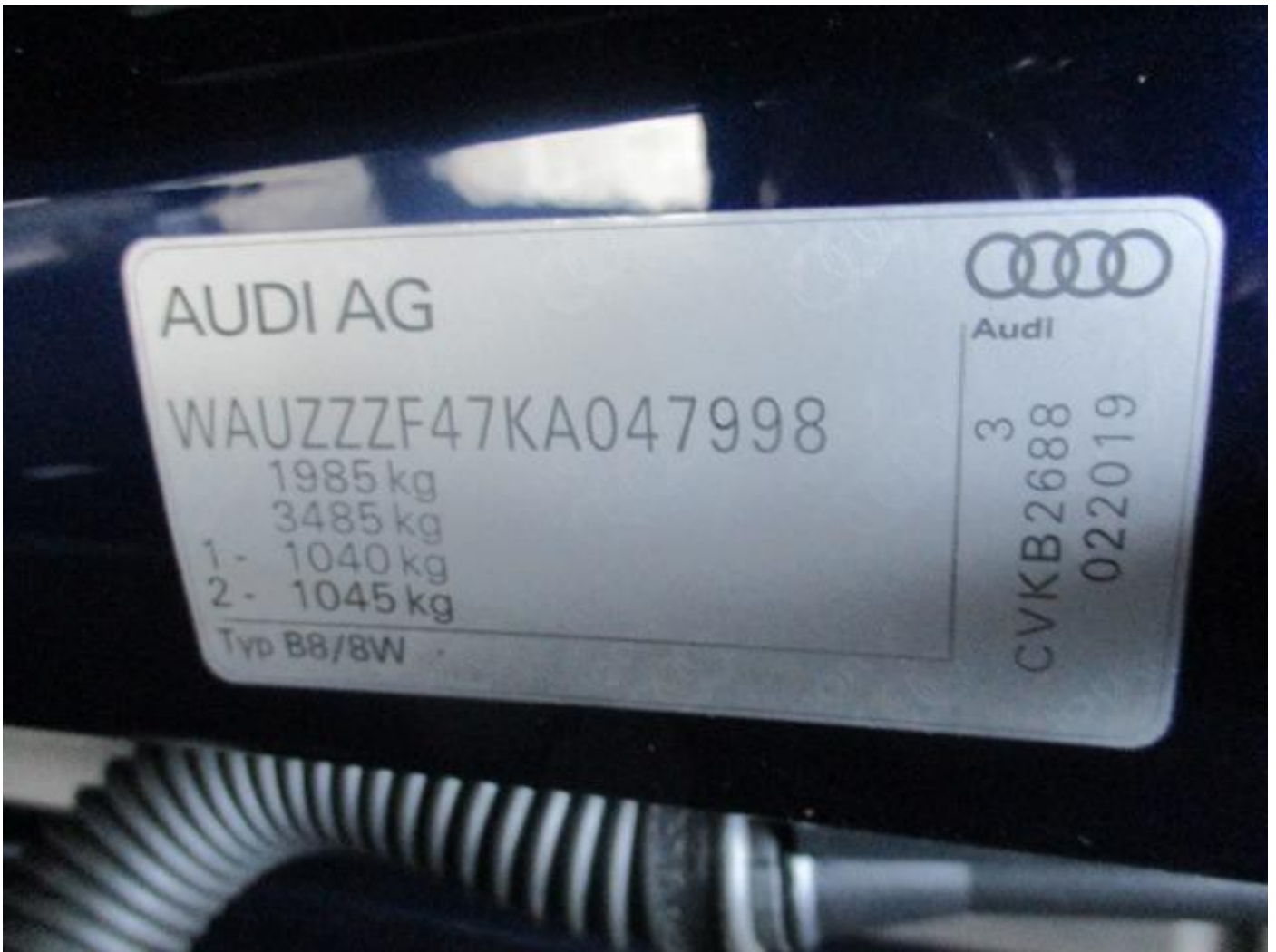
Accident Photo





Accident Photo





Accident Photo





Accident Photo



Accident Photo





## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191012/2080

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No. 1800-4890999

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Report No. T/20191012/2080

### CONTINUATION OF REPORT

<b>Vehicle Owner</b>				
Name	ELAMPARIDHI S/O RAJASOPAL		ID No.	S1684285J
Related Vehicle	SMM4905R (Car)		Contact No.	97294520
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

### Brief Details.

On 12/10/2019 at about 1440hrs, I parked my car vehicle number SMM4905R at "MACK PARKING" open car park lot no 124 located along Macalister road near to Singapore General Hospital Block 5. Everything was intact with my car then.

On the same day about 1530hrs, I returned to my car and discovered that the right front lower bumper of my car was damaged. I then noticed a group foreign worker who happens to be working nearby then came to approach me and they informed me that they observed a car hitting my car earlier on. They then told me to go to the security post of the MACK carpark to see if I could view the video footage that the CCTV might have captured. However, the security rejected my request and told me to lodge a police report in regards to my accident. The foreign worker informed me that they only remember the four digit of the said car plate number and it was 9988.

I then went to check my in car CCTV footage and it actually captured a car (unknown number) parked on the right side beside my car and it was trying to exit his car park lot and while doing so, he collided into my car's right front bumper before fleeing the scene. The driver did not attempt to leave his contact details nor stayed at scene. However, the CCTV footage did not managed to capture the full car plate number of the said car who collided into my car. There was three CCTV near the said car park I parked and it would have captured the car plate number of the car who hit and run.

I managed to get the contact number of one of the foreign worker and it is as such,

Adaikkalam  
Kim Bock contractor PTE LTD  
81694755

Police Report



SINGAPORE  
POLICE FORCE



T/20191012/2080

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4880999

3 of 3

Report No. T/20191012/2080

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:

F /

Sgt 2 KOH PEI QI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/10/2019 17:49

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 85476902

Classification Of Case:

Authentication Stamp

NP188

Singapore Police Force

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191012/2080

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No: T/20191012/2080

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2019 17:49		Vide Report No.:		Station Diary No.: 79
<b>Informant's Particulars</b>				
Name of Informant: ELAMPARIDHI S/O RAJAGOPAL		Address: APT BLK 937 HOUGANG CENTRAL #15-519 SINGAPORE 530837		
ID Type / ID No.: NRIC NO / S1684285J		Contact No.: Home/Office: Mobile: 97294520		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 23/01/1965	Type of Informant: Vehicle Owner	
Race: Indian		Language:		Institution / School Name:
Occupation: AETOS OFFICER		Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/10/2019 16:30	Type of Location: Car Park
Location: Along Road 1 MACALISTER ROAD "MACK PARKING" open car park lot no 124				
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
SMM4905R	Car					0

## Details of Person Involved

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



SINGAPORE  
POLICE FORCE

Traffic Police  
10 LOR RAFFLES 3  
SINGAPORE 409003  
Tel : (65) 6547 6000  
Fax : (65) 6547 6880  
www.police.gov.sg

Our Ref : TP/IP/65625/2019  
Date : 12 March 2020

Elampandhi S/O Rajagopal  
Blk 837 Hougang Central  
#15-519  
Singapore 530837

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SMM4905R AND SGW9998H ALONG MACALISTER ROAD ON 12/10/2019 AT ABOUT 1530 HRS**

I refer to the above accident.

1. Please be informed that we have completed our investigations which revealed that the driver of SGW9998H had committed the offence of Careless Driving under Rule 29 of the Road Traffic Rules. Action has been initiated against the driver for the said offence.
2. If you have any clarification, you may contact the Investigation Officer, Si Kaleswan at office number: 6547 6902.
3. Thank you.

Yours faithfully,

HEAD INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE

This is a computer-generated letter. No signature is required.

## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM


#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MPA 1191 360 64 Vehicle Registration No: SMM 4905 R  
Name(as shown in NRIC) : Elamparidhi S/o Rajagopal NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97294520  
Email Address : Relamparidhi@yahoo.com  
Date of Accident : 12/10/19 Time of Accident : 1530  
Place of Accident : SGH Mac Carpark lot no. 124  
Insurance Company : Alfa

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend TP carplate and attach PIR report

  
Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Lay Fong  
NRIC/FIN No.: G24401491  
Date: 23/3/2021