

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	03/04/2020 09:34
Date Of Accident	02/04/2020 12:45
Exact Location Of Accident	CARROS CENTRE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7748T
Insured/Policyholder	
Name Of Registered Owner	CDM AUTOMOBILE
Co Reg No	5XXXX453M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91018449
Alternative Phone No	OFFICE-91018449

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CITY LX 1.5 I-VTEC AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5111108087-01
Cover Note Number	

Driver

Name of Driver	SANJEET KUMAR S/O SELVARAJAH
NRIC No	SXXXX867F
Date Of Birth	06/08/1982
Occupation	INDOOR
Date Of Driving Pass	08/06/2010
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81518464
Fax Number	
Contact Number	OFFICE-81518464
Email Address	NOEMAIL

Address	BLK 239 HOUGANG STREET 22 #06-09
Postcode	530239
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - L/20200402/7042.

Attachment(s)

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

Accident Sketch Plan

SKETCH PLAN

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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.



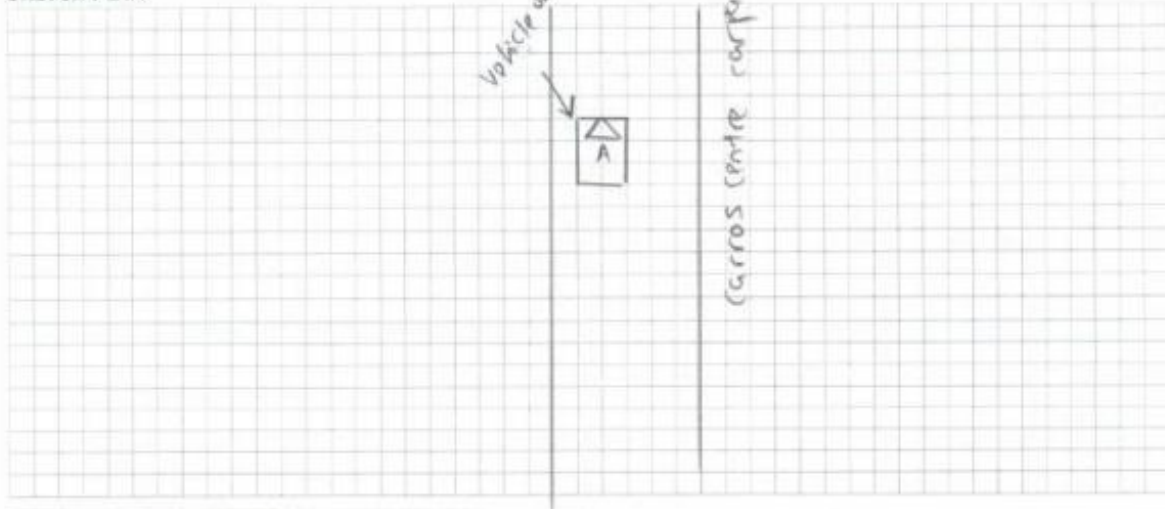
Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 4/2020402/2017.

DECLARATION

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

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.:

Police Report



**SINGAPORE
POLICE FORCE**



L/20200402/7042

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POLICE REPORT (NP299)

Report No. L/20200402/7042

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 02/04/2020 18:47	Vide Report No.	Station Diary No.
Name Of Informant SANJEET KUMAR S/O SELVARAJAH	Address APT BLK 239 HOUGANG STREET 22 #06-09 SINGAPORE 530239	
ID Type / ID No. NRIC NO / S8224867F	Contact No. Home/Office:	Mobile: 81518464
Nationality SINGAPORE CITIZEN	Email Address sanjeet0608@gmail.com	
Occupation Sales and related associate professional nec	Sex Male	Age 37
Institution/School Name	Date of Birth 06/08/1982	Race Indian
Date/Time Of Incident 02/04/2020 12:45 - 02/04/2020 14:00	Location Of Incident 60 JALAN LAM HUAT #01-24 CARROS CENTRE SINGAPORE 737869	

Brief details.

I was trying to find a car park lot when my car air-con suddenly went off and there was smoke coming from the bonnet. As the smoke was getting more dense, i decided to stop the car and unwind the windows. At this point of time, i noticed that there was a fire that was starting from the passenger seat beside me, just below the dashboard. I immediately switched off the engine and tried to put out the fire using my floor mat but to no avail. that's when i went in search of a fire extinguisher. by this time, i had inhaled a considerable amount of smoke. the fire then grew bigger and i was no longer able to go near

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2020 18:47
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



L/20200402/7042

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200402/7042

the vehicle. Luckily the fire activated the sprinklers in the building and passerby were also trying to put the fire out. when the fire was growing, i called up SCDF and requested for their help. they came within 10 mins and the fire was eventually put out. The interior of my car SJM7748T, a Honda City, was completely charred and with it, my wife's passport and mine were burned as well.

Subjects Involved			
Victim			
Person Name	SANJEET KUMAR S/O SELVARAJAH		
ID Type	NRIC NO	ID No	S8224867F
Gender	Male	Age	37
Race	Indian	Language	English
Occupation	Sales and related associate professional nec	Address Type	
Address	APT BLK 239 HOUGANG STREET 22 #06-09 SINGAPORE 530239		Mobile No
Is Informant A Victim?	Yes		
Person Name	SANJEET KUMAR S/O SELVARAJAH (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2020 18:47
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

