

MSME20061721 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 22/07/2020 12:29  
SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting  
Actual e-Filing Submission Date & Time: 22/07/2020 13:53

## 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 22/07/2020 12:29  
Date Of Accident 20/07/2020 14:30  
Exact Location Of Accident ALONG RD 1 JALAN BESAR SIN MING TOWER  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW2205A  
**Insured/Policyholder**  
Name Of Registered Owner PALLIPPAKKAM SIVARAMAN SOMASEKHARAN  
NRIC No SXXXX497D  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-96944545  
Alternative Phone No OFFICE-96944545

### Vehicle Particulars

Manufacturer NISSAN  
Model QASHQAI

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 AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 1800010955-02  
Cover Note Number

### Driver

Name of Driver MRS MATHANGI SOMASEKHARAN  
NRIC No SXXXX498B  
Date Of Birth 16/10/1963  
Occupation INDOOR  
Date Of Driving Pass 21/01/1993  
Driving Experience 27 YEARS AND 5 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-98630075  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address 1 AMBER ROAD #09-01  
 Postcode 439845  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SPOUSE  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

### General Information of the Accident

Type Of Accident SIDE SWIPE  
 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) 1

### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT: T/20200721/2016.

### 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 GBE9475D  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

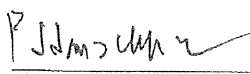
No. Of Passenger (Including Driver)


**SKETCH PLAN****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. 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 #3 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200721/2016

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No. T/20200721/2016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2020 10:01		Vide Report No.:		Station Diary No.: 25	
<b>Informant's Particulars</b>					
Name of Informant: MRS MATHANGI SOMASEKARAN			Address: 1 AMBER ROAD #09-01 SINGAPORE 439845		
ID Type / ID No.: NRIC NO / S2204498B			Contact No.: Home/Office: Mobile: 98630075		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 56	Date of Birth: 16/10/1963	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Company director			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: 20/07/2020 14:30	Type of Location: Car Park
Location: Along Road 1 JALAN BESAR  SIN MING TOWER CARPARK				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Geylang NPC

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBE9475D	Car	Singapore	47618			0
SLW2205A	Car				Slightly Damaged	0

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



**SINGAPORE  
POLICE FORCE**



T/20200721/2016

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Tel No: 1800-8486999

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Report No. T/20200721/2016

**CONTINUATION OF REPORT**

Driver			
Name	MRS MATHANGI SOMASEKARAN	ID No.	S2204498B
Related Vehicle	NIL	Contact No.	98630075
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 20.07.2020 at about 1429hrs, I was driving my husband car registration number SLW2205A driving up into the carpark out of sudden one car from my right side going down and had swipe side on my driver and back door. I was shocked. I then went to meet up with the building management and reported the case. In the same, I managed to view the CCTV footage from the management side and I manage to capture the said vehicle registration number GBE9475D. I wish to state that there is a deep scratches on my right door. I was a bit trauma when the accident happened. I would like to further state that I did not suffered any injury.

**SINGAPORE  
POLICE FORCE**

T/20200721/2016

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20200721/2016

## 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: G / Sgt 3 NOORUL NADIAH BINTE HAIRON HANWAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/07/2020 10:01
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No: 65476902	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	