

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	13/11/2020 17:09
Date Of Accident	05/11/2020 20:50
Exact Location Of Accident	SERANGOON CENTRAL DR CARPARK (BISE22)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3737X
Insured/Policyholder	
Name Of Registered Owner	RAMESH KUMAR S/O DHINAKARAN
NRIC No	SXXXX175E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97388272
Alternative Phone No	OFFICE-97388272

Vehicle Particulars

Manufacturer	BMW
Model	X1
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103002192-02
Cover Note Number	

Driver

Name of Driver	RAMESH KUMAR S/O DHINAKARAN
NRIC No	SXXXX175E
Date Of Birth	13/01/1978
Occupation	INDOOR
Date Of Driving Pass	08/07/1999
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97388272
Fax Number	
Contact Number	OFFICE-97388272
E-Mail Address	NOEMAIL

Address	43A LORONG ONG LYE
Postcode	536414
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20201113/2054

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	UNKNOWN
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)

Accident 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.

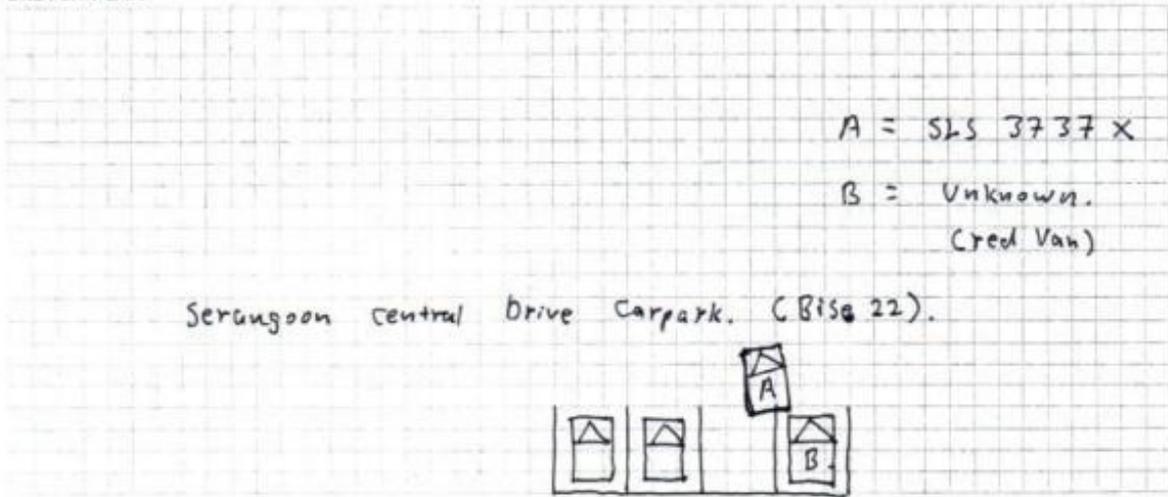
Policyholder's Signature
Date & Time:

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



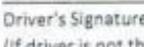
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20201113/2054.

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**



T/20201113/2054

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20201113/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2020 13:31		Vide Report No.:		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: RAMESH KUMAR S/O DHINAKARAN			Address: 43A LORONG ONG LYE SINGAPORE 536414		
ID Type / ID No.: NRIC NO / S7877175E			Contact No.:		Mobile: 97388272
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 13/01/1978	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2020 20:50	Type of Location: Car Park
Location: SERANGOON CENTRAL DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SLS3737X	Car	BMW	X1 SDRIVE18I AT LED NAV	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS3737X	NTUC Income Insurance Co-Operative Limited	5103002192-02	04/09/2020	03/09/2021

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201113/2054

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Report No. T/20201113/2054

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAMESH KUMAR S/O DHINAKARAN	ID No.	S7877175E
Related Vehicle	SLS3737X (Car)	Contact No.	97388272
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 5/11/2020 at about 2050hrs, I drove my vehicle (registration plate number: SLS 3737X) into the carpark at 263 Serangoon Central Drive. I then saw a parking lot however I do not know the lot number. There was a red coloured van, which I do not know the car plate number, parked at the right side of the parking lot that I wanted to park at. While I was reversing leftwards into the said lot, I heard a slight "bump" sound coming from the right rear bumper of my vehicle, and I believed that I had knocked onto something as I felt a small impact to my vehicle. I then looked at my rear mirror and my right side mirror to check however I did not see anyone in the said red van or around the parking lot, as such I drove out of the parking lot and stopped further down the carpark at the side to make a check as I did not want to block the way.

I then went down to make a check on my vehicle and I saw that there were some new scratches on the right rear bumper of my vehicle. I then saw the driver of the red van in the van itself, as such I wanted to speak to the driver of the red van to exchange particulars, however I saw the driver drove off the red van as such did not manage to speak to him. As such, I was unsure if there was damage to the red van, thus I did not know what to do. I would like to state that there is no in-car camera in my vehicle. I also have not checked on the cost of damage, which is a small dent and a few scratches, to my vehicle. I would like to state that I do not know the carpark number.

On 12/11/2020, I received a letter from traffic police informing me that the traffic police is investigating into the said incident and that I have to lodge a traffic accident report. In addition, I also received a letter from NTUC income informing me that a claim has been made against my motor policy and the vehicles involved stated in the letter were my vehicle and other vehicle bearing plate number SFX8118U, however I am unsure if that is the registration plate number of the said red van. As such, I am lodging this traffic accident report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201113/2054

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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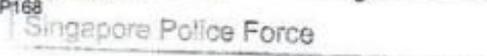
Report No. T/20201113/2054

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 POH WAN XUAN, GLORIS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2020 13:31
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI SN 154 Contact No.: 65476151 	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



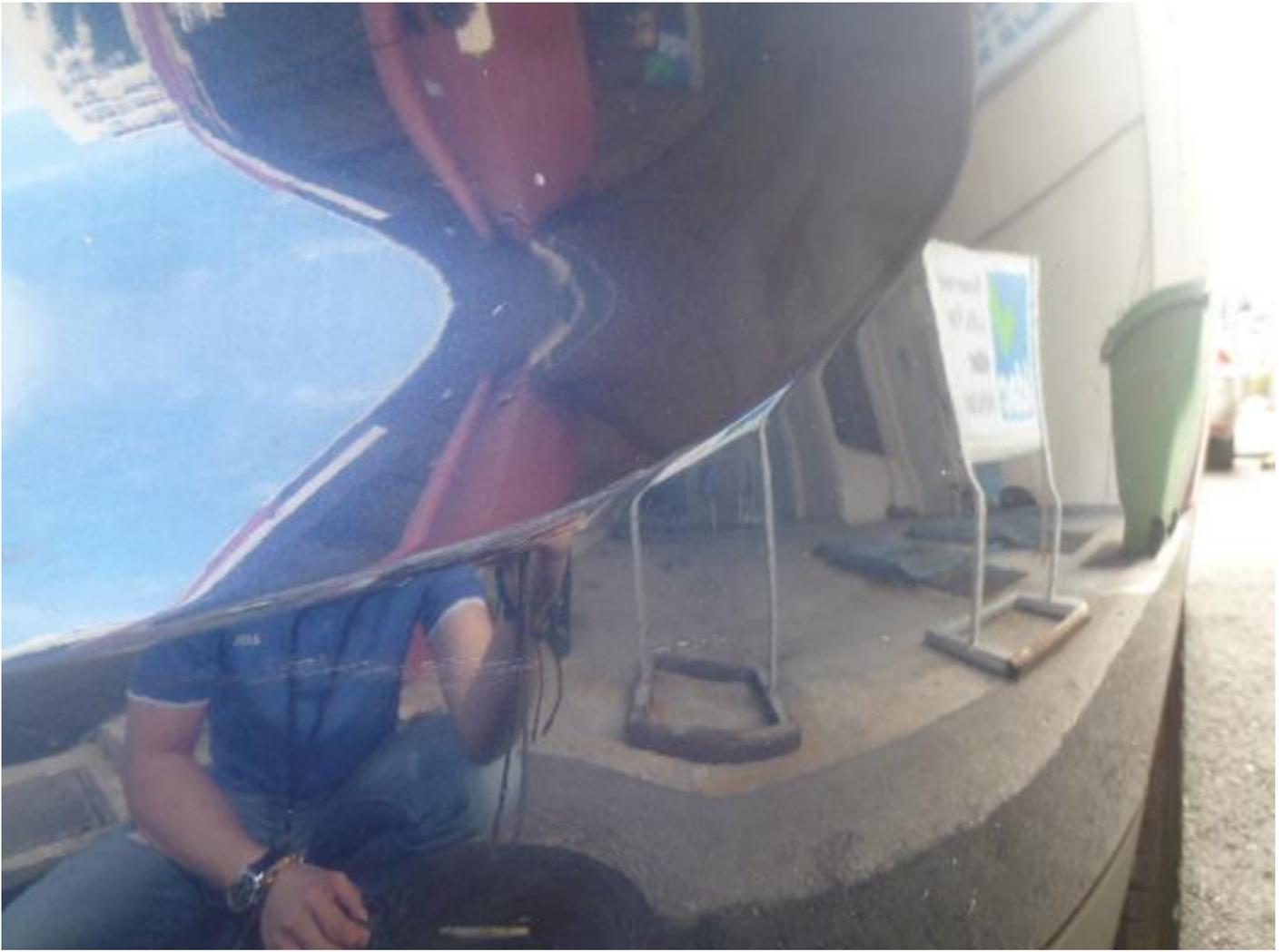
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Made in
Germany
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C10

BAYERISCHE MOTOREN WERKE AG

WBAHS120905J97797

2005 kg

3785 kg

1- 1040 kg

2- 1010 kg

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