#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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	ACCIDENT STATEMENT	
Date Of Report	27/11/2020 14:34	
Date Of Accident	27/11/2020 10:30	
Exact Location Of Accident	BUKIT BATOK WEST AVE 6	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS7088H	
Insured/Policyholder		

NARENDRAN KRISHNAN

NRIC No SXXXX097A

Email Address NARENDRAN\_KRISHNAN@YAHOO.COM.SG

Mobile Phone No (LOCAL) +65-91171504
Alternative Phone No OFFICE-65630056

**Vehicle Particulars** 

Name Of Registered Owner

Manufacturer AUDI

Model A3 SEDAN 1.4 TFSI CO

Exact Purpose for which vehicle was being used at time of accident

time of acoldent

PRIVATE USE

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 CAR

**Insurance Company** 

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 1800145493

Cover Note Number

Driver

Name of Driver NARENDRAN KRISHNAN

NRIC No SXXXX097A

Date Of Birth 20/11/1963

Occupation INDOOR

Date Of Driving Pass 23/10/1993

Driving Experience 27 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91171504

Fax Number

Contact Number OFFICE-65630056

EMail Address NARENDRAN KRISHNAN@YAHOO.COM.SG

Address BLK 125 BUKIT BATOK CENTRAL

#03-387

Postcode 650125

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

2

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

NO

0

ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-6659999 - **FAX NO**: 66655793

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT ATTACHED. MY REAR CAMERA FAILED TO CAPTURE THE ACCIDENT AS THE FIELD ON VISION.

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 PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

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Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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

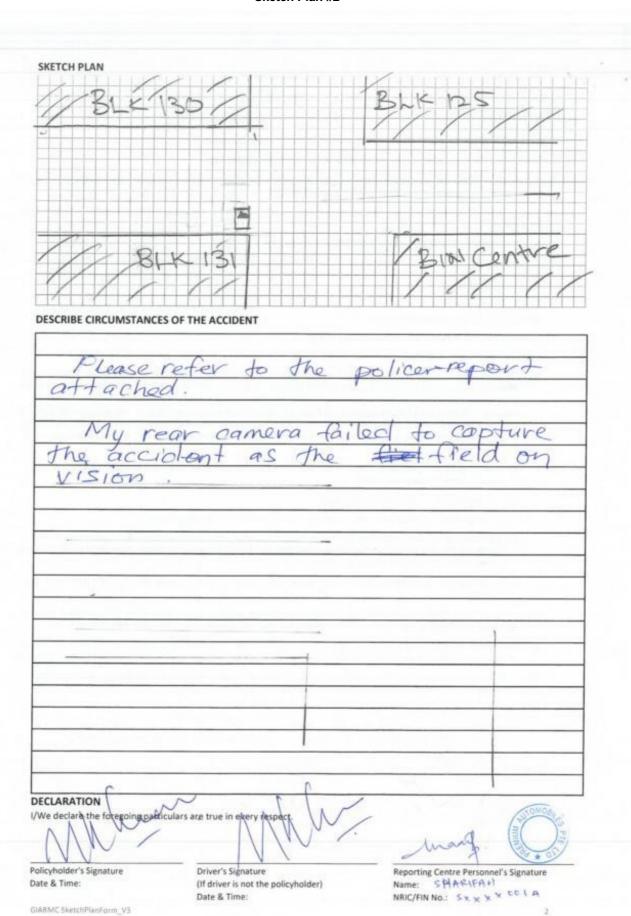
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: SHARIFAM

NRIC/FIN No.: SXXXX 00 | A

#### Sketch Plan #2



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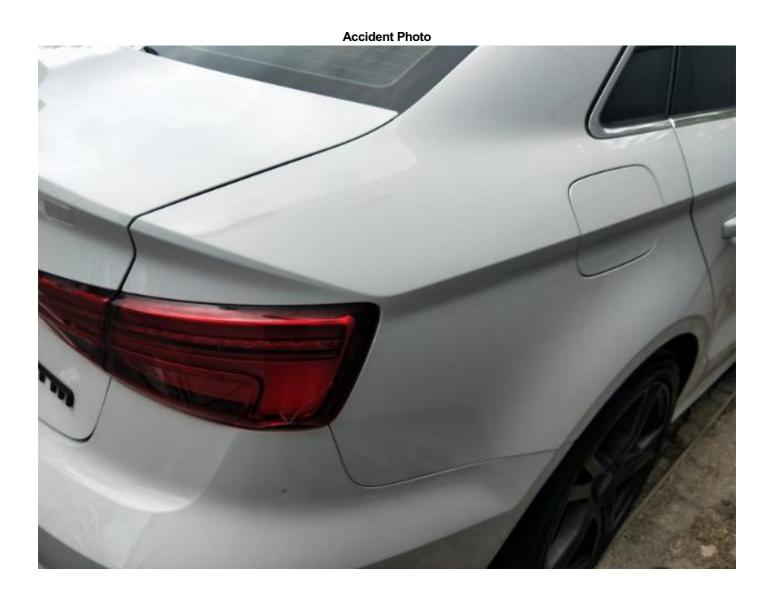








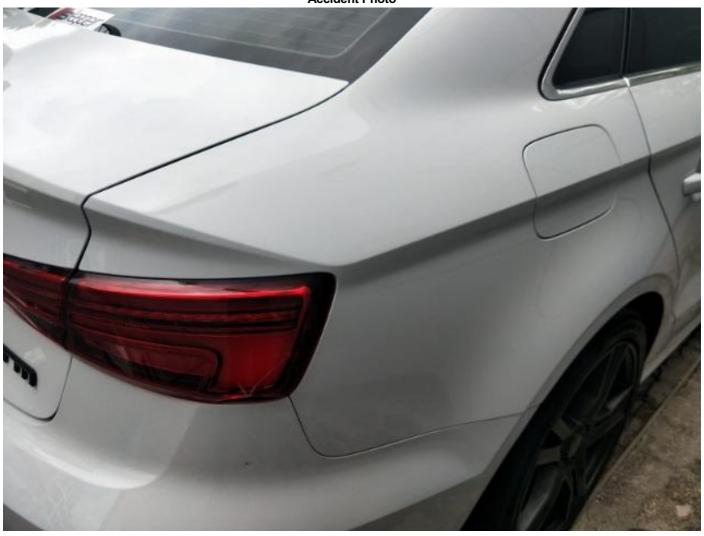






























#### **Police Report**





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

1 of 3. Report No. T/20201127/2033

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2020 11:57		Vide Report No.:	Station Diary No.: 58			
Informa	nt's Partic	ulars				
Name of Informant NARENDRAN KRISHNAN			Address: APT BLK 125 BUKIT BATOK CENTRAL #03-387 SINGAPORE 850125			
ID Type / ID No.: NRIC NO / S1607097A			Contact No. Home/Office:	Mobile: 91171504		
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 57	Date of Birth: 20/11/1963	Type of Informant: Vehicle Owner			
Race: Indian		Language:	Institution / School Name:			
Occupation: CIVIL SERVANT		Driving Licence Information: Class: 3 Date of Expiry:				

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/11/2020 10:30	Type of Location CARPARK	
BUKIT BATO Weather: Clear	K WEST AVENUE 6	Road Surface:	_	Road Speed Limit	
Traffic Flow:		Wet Traffic Control: Not Controlled		Traffic Volume: No Traffic	
				Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS7088H	Car	AUDI	A3 1.4 COD	White	Slightly	0
					Damaged	

Details of Person Involved	MINERAL MARKET HELD CONTROL OF THE ACTUAL PROPERTY OF THE ACTUAL PRO
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



F202011272023

Police Station Of Origin: Bukit Batck N.P.C 21 Bukit Batck East Avenue 4 SINGAPORE 859840 Tel No: 1800-6659999 2 of 3 Report No. T/20201127/2033

CONTINUATION OF REPORT

Vehicle Owner	AURINO DE LA		SS 11 (20)	S-FAX	W. Tr.	
Name	NARENDRAN KRISHNAN			ID No		S1607097A
Related Vehicle	SJS7088H (Car)			Conta	act No.	91171504
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	THE STATE OF	Date Disc	harge	NIL.	
No. of Days grant	ted Medical Leave	NIL	Degree o		the second second	

Brief Details.

On 26 November 2020 at about 1700hrs. I parked my vehicle bearing the registration number SJS7088H, near B/129/Bukit Batok West Ave 6. Everything was intact when I left the area. I could not remember in which lot did I parked my vehicle. However, on 27th November 2020 at about 1030hrs, I discovered my vehicle to sustain some damages. The damage are as follows:

- 1) Cracked right rear tall light
- 2) Scratches on rear side of vehicle
- 3) Bumper misaligned

I wish to state that when I discovered the damages, there was no note left behind by anyone. From the damages, I believed that another vehicle had hit onto to my rear vehicle resulting in the damages as there was a another lot perpendicular to the lot that I parked my vehicle in. However, there was no vehicle parked in that lot when I discovered the damages. I have no suspects in mind and this is the first time such incident happened to me.

started above

27 11 2020

#### Police Report





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No: 1800-6859999

Report No. T/20201127/2033

3 of 3

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 85474885 stating the report number as reference.

The state of the s					
Signature Of Officer Recording The Report J / Sgt 2 MOHAMAD NURHADIE SYAFIQ BIN MOHAMAD SANI	Signature Of Informalit				
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2020 11:57				
Officer In Charge Of Case. TP / HRT / Some Services SI NOR AFFENDY BIN JAFFAR Contact No. 65476368	Classification Of Case:				
Authentication Stamp NP168 SHAWATURE	- 1 - 1				