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 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.

ACCIDENT STATEMENT Date of Submission 11/11/2020 15:47 (SGT) Date of Accident 11/11/2020 07:50 (SGT) Exact Location of Accident EXIT CARPARK GANTRY AT PARK LANE Additional Location Information Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number **SLV7727H** INSURED/POLICYHOLDER Is company? Name Of Registered Owner PETCHI MUTHU MARADAN NRIC No. Email Address Mobile Phone No Alternative Phone No VEHICLE PARTICULARS Manufacturer Hvundai Model ELANTRA 1.6 AD GLS (A) Variant 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 - Claiming third party Vehicle Category Private car INSURANCE COMPANY Name of Insurance Company **NTUC** Type of Coverage Comprehensive Fleet Policy Policy Number 5097914563-02 Cover Note Number DRIVER Name of Driver DITHUSHA D/O PETCHI MUTHU

NRIC No Date Of Birth Occupation

Date Of Driving Pass	08/10/2013
Driving experience	
Gender	
Mobile Number	
Alt. Phone Number	
Email Address	
Address	
Address complement	
Postcode	
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver 1	-
Insurance Company of Other Vehicle Owned by Driver 1	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2	
Insurance Company of Other Vehicle Owned by Driver 2	
Vehicle Registration Number of Other Vehicle Owned by Driver	
3	-
Insurance Company of Other Vehicle Owned by Driver 3	-
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL IN OUNTION OF THE ACCIDENT	
T (A 1)	
Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the aggident?	M -
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No
	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	- -
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Soliciting/oriently accident ciains assistance?	NO
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police Division Hq
Was notice of intended Prosecution given?	No
If yes, against whom?	-
, , ,	
CIDCLIMETANICES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
AT EXIT CARPARK GANTRY AT PARK LANE, WAITING BEHIND	VEHICLE SME8938L WITH CONSIDERABLE DISTANCE TO EXIT
CARPARK. DRIVER OF VEHICLE SME8938L SUDDENLY REVE	
(SLV7727H). FOOTAGE OF ACCIDENT CAPTURED IN MY CAR	CAMERA & REFER POLICE REPORT NO: 1/20201125/7020
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
ras alors any dadio recorded:	1 41 7
DETAILS OF OTHER	VEHICLE PROPERTY 1
DETAILS OF OTHER	
DETAILS OF OTHER Vehicle Registration Number	
	VEHICLE PROPERTY 1
Vehicle Registration Number	VEHICLE PROPERTY 1

Vehicle Colour	=
Vehicle Category	Private car
Name of Driver	YEONG XI HONG
NRIC No	T007F0001
Contact Number	-
Address	
Address complement	=
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	=
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be a trushful and accurate as possible. Any will'd misrepresentation or withholding of material facts may allow insurance companies to <u>repediate selective liability</u>.

 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.
- 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 parts.
- 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)
- turnersum, aconomorgie, agree and consent that:

 (a) My insure, my outshape 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 (formal and any other personal information provided by my one oppossed by my insurer (collectively) me. "Personal Information" and disclose and transfer such Personal Information to all insurer(s) who have insured whickely involved in this accident (all insurer(s) who have insured whickely involved in this accident sails to collectively referred to as the "fessivest"; the Insurers Insurers (which have insured whickely involved in this accident sails to collectively referred to as the "fessivest"; the Insurers Insurers (s) who have insured which (s) more simple simple
 - 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 envelopey-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:

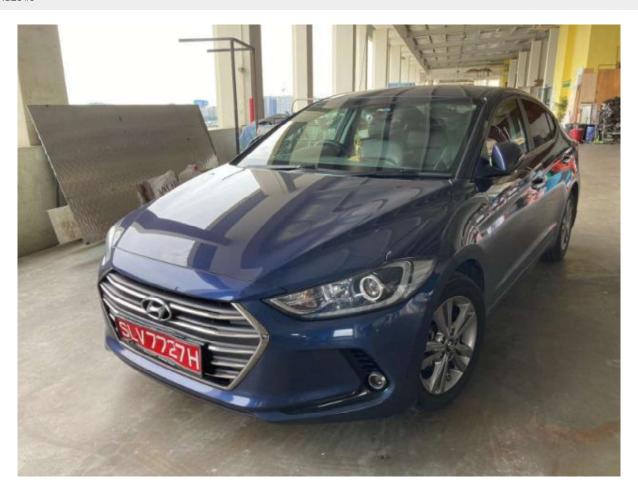
- to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 for complying with requirements under any regulations, laws or court orders.

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

	A - SLV	44244	1/2	1	ers-d/		
	B- SM	E 8938L		0	4	Park	lane
DESCRIBE CIRCUMS							
At eat corporal	-		Waiting	bahjad	vehicle	SME 893	8L VITA
Considerable of	stance to e	Att Carpura					
Driver of web		38L Suddenly	reversed)	with sp	ead and	Lie Cray	of my
Vehicle (SLV 772	. CHT						
		used of in m	y in Car.	comera ·			
		und of in m	y in car.	comera ·			
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		und of in m	y in cor.	rotera -			
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		and of in re	y in Car	coreca -			
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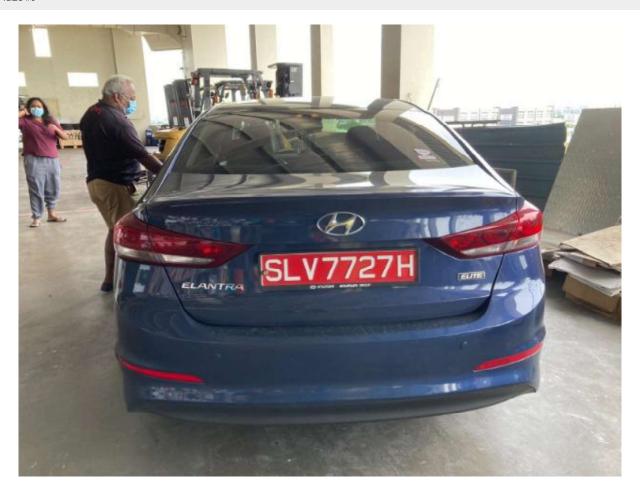
























Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20201125/7020

REPORT OF A	TRAF	FIC ACCIDE	NT						
Date/Time R 25/11/2020 1		Made:		Vide	Report No.:			S	tation Diary No.:
Informant's		a reduced and admitted and							
Name of Info			JTHU						
ID Type / ID	No.:								
			-	Type Drive	of Informant:				
Indian				Lang Engli	uage: sh		Institut	ion / So	chool Name:
Occupation: Medical and technician	patho	ology labor	atory	Drivir Class	ng Licence Info s: 3A	ormation:	Date o	f Expiry	<i>/</i> :
General Infor	mati								
Type of Accident:		Non-Injury Hit and Ri			Drink Drive: No	Date/Tim Accident: 11/11/202			Type of Location: Car Park
Location:					1,,,,				
PARK LANE									
Weather: Clear				Road Dry	l Surface:			Road	Speed Limit:
Traffic Flow: One Way				Traff	ic Control:			Traffic No Tr	Volume:
Type of Collic Collided into		onary vehic	ele					Anyor	ne conveyed by lance:
								INO	
Details of Ve	ehicl	e Involved							
Vehicle No.	Тур	e	Make		Model	Color	Co	nditio	No of
SLV7727H	Car		HYUNDAI		Elantra 1.6 AD GLS (A)	Blue		ghtly maged	0
SME8938L	Car		VOLKSW/ N	AGO	Golf	Black			2
Details of Ve	ahiai	a Incurar							
DEIGHS OF A	اكاللات	emisuranc	• Harris Harris Har						

Insurance No

Effective

Vehicle No. Insurance Company

Expiry Date



Details of Vehicle Insurance

Vehicle No. Insurance Company



Effective

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201125/7020

Expiry Date

CONTINUATION OF REPORT

Insurance No

SLV7727H		UC Income Insurance (nited	Co-Operative	5097914	4563-02	-	16/01/2020	15/01/2021
Details of Po	erso	n Involved						
Any Pedestri	an Ir	nvolved: No						
No. of Pedes	trian	s Injured: NIL		Use of Ped	destrian	Cross	sing: NA	
Driver							TO CONTRACTOR AND STORES AND STORES	u
Name		DITHUSHA D/O PETO	CHI MUTHU		ID No.			
Related Vehi	icle	SLV7727H (Car)			Contac	ct No.		
Hospital/Clin	ic	NIL			Class Driving Licenc Expiry) e &		
Date		NIL		Date		NIL		
No. of Days	grant	ted Medical Leave	NIL	Degree of		NIL	Section and the section of the secti	SSCORE AND A W
Driver								
Name		YEONG XI HONG			ID No.		T0075339J	
Related Vehi	icle	SME8938L (Car)			Conta	ct No.	87801303	
Hospital/Clin	ic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Exp	iry: NIL
Date		NIL		Date		NIL		
No. of Days	gran	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

On 11/11/2020 at around 7.50am, I was stationed behind vehicle SME8938L with about 1 car length distance at the car park gantry waiting to exit the car park at Park Lane. Without alert, the driver of vehicle SME8938L abruptly reversed into the front my vehicle SLV7727H. Footage of the accident was captured on my in-car camera (exceeding 2MB). Vehicle SME8938L is owned by car-sharing service, Shariot. Information was exchanged using my driving license and other party's NRIC (party claimed he did not bring his driving license) including contact number. Photo evidences of the accident were gathered (exceeding 2MB). A third party claim was agreed upon at the accident scene.

Later that day, the other party was reluctant to make an accident report and suggested to enter a private settlement instead.

Therefore, on 17/11/2020 I provided a service and repair estimate/quotation from KOMOCO Pte. Ltd. The other party agreed to meet on 23/11/2020 to sign the private settlement for motor accidents agreement.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20201125/7020

CONTINUATION OF REPORT

However, on 23/11/2020 the other party was uncontactable (ignored my messages and diverted my calls to IMH) and did attend the meeting. The other party remains uncontactable till today and has not compensated me for the vehicle repair costs incurred due to the accident caused by his negligence.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20201125/7020

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report had been authenticated by SingPass. No signature i required.
Signature Of Interpreter: Not applicable	Date/Time: 25/11/2020 17:53
Officer In Charge Of Case: TP / TPIB / KALESWARI PALANI Contact No.: 65476902	Classification Of Case;
Authentication Stamp	

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTS 6 Raffics Claury 918-00 Singapore 048580 Tel (165) 022-020 - Fax (166) 1224-0309

IMPORTANT NOTE

Please submit the completed Addendum form to the same Authorised Reporting Centr

		AD	DENDUM							
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:									
	Original Report No	: MCYS20099897	Vehicle Registration No:	SLV7727H						
	Name(as shownin NRIC	: Dithusha D/O Petch	i Muthu _NRIC/FIN/Passport No :	S9404957A						
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate									
	Address	: 796 Woodlands Driv	re 72 #08-41	Singapore(730796)						
	Contact (Tel)	: 63659551	Mobile No. : 96544884	4						
	Email Address	dithusha_28@outloo	ok.com							
	Date of Accident	: 11/11/2020	Time of Accident :075	60						
	Place of Accident	Park Lane								
	Insurance Company	. NTUC INCOME INS	SURANCE CO-OPERATIVE L	Т						
			ake an accident report to car- t be processed therefore a pri							
	A third party ins	surance claim could no		vate settlement was						
	A third party ins	surance claim could no	t be processed therefore a pri	vate settlement was						



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number : 5097914563-02

The Policyholder : PETCHI MUTHU MARADAN

BLK 796 #08-41 WOODLANDS DRIVE 72 SINGAPORE 730796

Period of Insurance : 16 Jan 2020 To 15 Jan 2021

: Market Value of Insured Vehicle at Time of Loss Sum Insured

Premium (inclusive GST) : \$\$1,820.56

Interest Insured

: drivo PREMIUM Cover Type

: INDRAN S/O PETCHI MUTHU Primary Driver Named Driver (1) : DITHUSHA D/O PETCHI MUTHU

: N/A Named Driver (2)

: HYUNDAI/ELANTRA Make/Model Capacity : 1600cc Registration Number : SLV7727H Registration Year : 2018 : KMHD841CMJU612255 Chassis Number Off-peak Car : Yes Repair at Owner's Preferred Workshop: Yes Insure with COE : Yes NCD Entitlement : 20% Excess (Section 1) : S\$600 NCD Protection Excess (Section 2) : N/A

Windscreen Excess : S\$100 Additional Excess : N/A

: Please refer to Terms and Conditions Unnamed Driver Excess

Hire Purchase Company : N/A **Optional Cover** Transport Allowance : No

Excess Waiver : No

Memo A: N/A

Endorsement Operative: M7

: KOMOCO TRADING PTE LTD (00000614810) Agency

: 28 Dec 2019 11:46 hrs Date of Issue

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive