

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process. 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

04/02/2021 10:47 (SGT) 02/02/2021 17:00 (SGT) 465 Joo Chiat Rd, Singapore 427677 465 joo chiat rd, carpark S0127 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKM813Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

KAMILA G KIRPALANI

SXXXX097J

kavikirps@gmail.com

(Phone) +65-91065344

+65-91065344

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

vour vehicle?

Vehicle Category

Mercedes

Cla200

Private use

Yes

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

United Overseas Insurance

Comprehensive

No

DHOM120031811701

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

KAVI KIRPALANI SXXXX649A 11/10/1990

Indoor

Accident report SA0A21240001

Date Of Driving Pass 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

18/01/2010

11 YEARS AND 1 MONTH

Male

(Phone) +65-91065344

kavikirps@gmail.com

62C Meyer Road

437889

No

Child

No

Hit and run / Vandalism / Damaged whilst parked

Clear

Dry

No

2 No

Yes

1

No

Yes

Bedok Division Headquarters (Phone) +65-18002440000

(Fax) +65-64443009

30 Bedok North Road Singapore 469676

No

PLEASE REFER TO POLICE REPORT NO, G/20210204/7013 LODGE AT BEDOK DIVISION HQ

I PARKED MY CAR (LICENCE PLATE NUMBER SKM813Y) AT PUBLIC CARPARK S0127, IN PARKING SPOT NUMBER 8 OF 12. UPON RETURNING, I DID NOT REALIZE THAT THERE HAD BEEN DAMAGE TO THE CAR AND DROVE HOME. ON THE NEXT DAY (03/02/2021) I REALIZED THAT THERE HAD BEEN DAMAGE TO THE FRONT RIGHT SIDE OF MY CAR, UPON DRIVING BACK TO THE PARKING LOT TO CHECK THE LOCATION ETC, I RECOVERED DEBRIS FROM MY CAR AT THE EXACT LOCATION IT WAS PARKED, THEREFORE ASSUMING IT MUST HAVE HAPPENED WHILE THE VEHICLE HAS BEEN PARKED.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes No

Was there any video captured by Car Camera? Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model

Vehicle Variant

UNKNOWN

Accident report SA0A21240001

Vehicle Colour	
Vehicle Category	Private car
Name of Driver	· <u>-</u>
Contact Number	-
Address	, -
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20210204/7013

Date/Time Report Made	Vide Re	port No.	,	Station Diary No.	
04/02/2021 09:46					
Name Of Informant	Address				
KAVI KIRPALANI	62C ME	62C MEYER ROAD SINGAPORE 437889			
ID Type / ID No.		Contact No.			
IC NO / S9036649A Home/Office: M		Mobile:			
			91065344		
Nationality	Email Ad	Email Address			
SINGAPORE CITIZEN	KAVIKIF	KAVIKIRPS@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race	
Business development manager	Male	30	11/10/1990	Indian	
Institution/School Name	Languaç English	Language			
Date/Time Of Incident	Location	Location Of Incident			
02/02/2021 16:20 - 02/02/2021 17:20	465 JOC	465 JOO CHIAT ROAD SINGAPORE 427677			
Brief detaile					

I parked my car (liscence plate SKM813Y) at public carpark S0127, in parking spot number 8 of 12.

Upon returning, I did not realise that there had been damage to the car and drove home .

On the next day (03/02/21) I realised that there had been damage to the front right side of my car. Upon driving back to the parking lot to check the location etc., I recovered debris from my car at the exact location it was parked, therefore assuming it must have happened while the vehicle has been parked.

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2021 09:46		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210204/7013

Insurance claim has been processed but I have been advised to file a police report as this may be classified as a hit and run case.

Person Name	KAVI KIRPALANI		
ID Type	NRIC NO	ID No	S9036649A
Gender	Male	Age	30
Race	Indian	Language	English
Occupation	Business development manager	Address	62C MEYER ROAD
			SINGAPORE 437889
Mobile No	91065344	Is Informant A	Yes
		Victim?	

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: 04/02/2021 09:46		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			