# **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.

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   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 10/02/2021 18:40 (SGT) Date of Accident 10/02/2021 09:15 (SGT) Exact Location of Accident 290 Orchard Rd, Singapore 238859 Additional Location Information THE PARAGON Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBD202P

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner THE LAUNDRY CLUB PTE LTD Company Reg No 1XXXXX024N **Email Address** evan@laundryclub.sq Mobile Phone No (Phone) +65-97611133 Alternative Phone No +65-97611133

#### VEHICLE PARTICULARS

Manufacturer

Nissan Model Nv350 Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle

## INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00045382000 Cover Note Number

#### DRIVER

Name of Driver PERIASAMY MUTHUKUMAR Passport No/FIN GXXXX393T Date Of Birth 10/05/1981 Occupation Outdoor

Date Of Driving Pass 19/11/2018 Driving experience 2 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-97611133 Alt. Phone Number Email Address evan@laundryclub.sg Address 1 DAIRY FARM HEIGHTS Address complement #15-02 Postcode 677666 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name **Tanglin Division Headquaters** Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: E/20210210/7015 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 Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

Name of Driver
Contact Number

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 <b>-</b>

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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) with have insured vehicle(s) involved in this accident (all insurer(s) with have insured vehicle(s) involved in this accident (all insurers) taw yers/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' law yers/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 law yers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &

10-02-21

Driver's Signature (if driver is not the policyholder) / Date & Time

Mythogs ed by Reporting Centre

Sketch Plan

290 ORCHARO RO
THE PARAGON

A: GBD 202 P

B: Unknown

Loading / Unloading

Bay

	Refer to	police re	port	E/20210210/70	15	
	SAMUSSAN CA					
						***************************************
			-			
-176						
aration						

Driver's Signature (If driver is not the policyholder) / Date

Time

Policyholder's Signature / Date &

Witnessed by Reporting Centre





POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000 Report No. E/20210210/7015

Date/Time Report Made 10/02/2021 10:52	Vide Report No.		Station Diary No.	
Name Of Informant	Address			o Was a reconstruction of the photosphare
LEE KEE YANG	1 DAIRY FARM HEIGHTS #15-02 SINGAPORE 677			NGAPORE 677666
ID Type / ID No. NRIC NO / S7011767C	Contact No. Home/Office: Mobile: 97611133			
Nationality	Fmail Address			
SINGAPORE CITIZEN	evan@laundryclub.sg			
Occupation	Sex	Age	Date of Birth	Race
Businessman	Male	50	13/04/1970	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 10/02/2021 09:00 - 10/02/2021 09:30	Location Of Incident 290 ORCHARD ROAD THE PARAGON SINGAPORE 238859			ON SINGAPORE
Brief details.				

My company van (GBD202P) was parked at the loading bay of The Paragon shopping mall this morning between 9am to 9:30am for loading/unloading to deliver goods to our client's place in the mall. My delivery man's name is Periasamy Muthukumar, FIN No: G5057393T. He realised that there is a lorry parked beside him when he was unloading. He went over to inform the other driver who was performing his duties to be mindful and not damage our van. However, when he returned to the van, he noticed that the side mirror on the passenger side had been damaged. There were also scratches on the passenger door. The lorry that was parked beside our van had already left.

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: 10/02/2021 10:52
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210210/7015

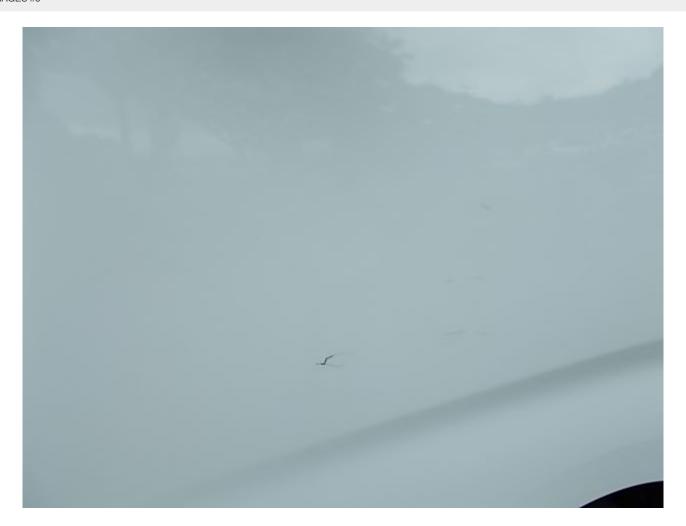
He then approached the security guards on duty for assistance with showing us the video footage of the area to identify the guilty party. In order for us to make an insurance claim, we need the video footage to verify who the guilty party is. However, the guards informed us that a police report is needed in order for them to release any video footage. Hence, we are making this report to request for the police's assistance to get the necessary video footage so that our insurance company may go after the guilty party.

Victim			CONTRACTOR
Person Name	Periasamy Muthukumar		
ID Type	FIN NO	ID No	G5057393T
Gender	Male	Age	39
Race	Indian	Language	English
Address	3 Senang Crescent SINGAPORE 416577	Mobile No	90147521
Relation To Informant	Employee		

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.
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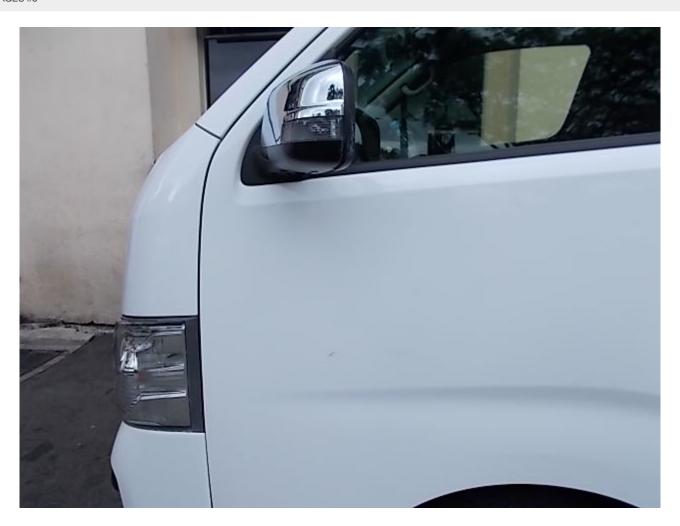




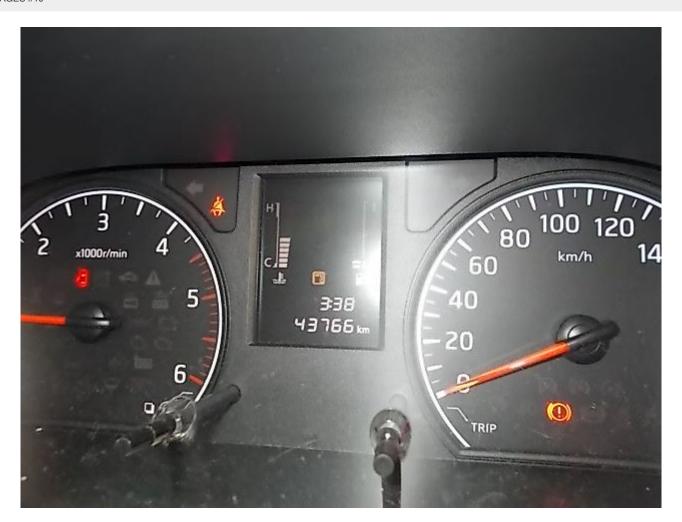
















Report No. E/20210210/7015

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Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

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ID Type / ID No. NRIC NO / S7011767C	Contact No. Home/Office: Mobile: 97611133			
Nationality	Fmail Address			
SINGAPORE CITIZEN Occupation	evan@laundryclub.sg Sex Age Date of Birth Race			Race
Businessman	Male	50	13/04/1970	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 10/02/2021 09:00 - 10/02/2021 09:30	Location Of Incident 290 ORCHARD ROAD THE PARAGON SINGAPORE 238859			

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210210/7015

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Victim			ALL DAVIDS GROUND
Person Name	Periasamy Muthukumar		
ID Type	FIN NO	ID No	G5057393T
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