

# 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 Submission ..... 16/03/2021 15:15 (SGT)  
Date of Accident ..... 10/03/2021 18:45 (SGT)  
Exact Location of Accident ..... Prinsep St, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLW5687Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... VINEET SHRIVASTAVA  
NRIC No ..... SXXXX898A  
Email Address ..... vinshri2005@gmail.com  
Mobile Phone No ..... (Phone) +65-91450446  
Alternative Phone No ..... +65-91450446

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... -  
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 - Reporting only  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5097961713-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... VINEET SHRIVASTAVA  
NRIC No ..... SXXXX898A  
Date Of Birth ..... 06/03/1971  
Occupation ..... Indoor

Date Of Driving Pass .....	02/09/2003
Driving experience .....	17 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91450446
Alt. Phone Number .....	+65-91450446
Email Address .....	vinshri2005@gmail.com
Address .....	7 SIGLAP ROAD #03-66
Address complement .....	-
Postcode .....	448909
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	No Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Marina Bay Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002229999
Alt. Police Station Phone No .....	(Fax) +65-64359276
Police Station Address .....	No 70 Marina View Singapore 018962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20210316/2012

#### 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 .....	SLD5429B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

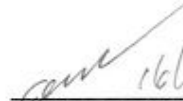
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

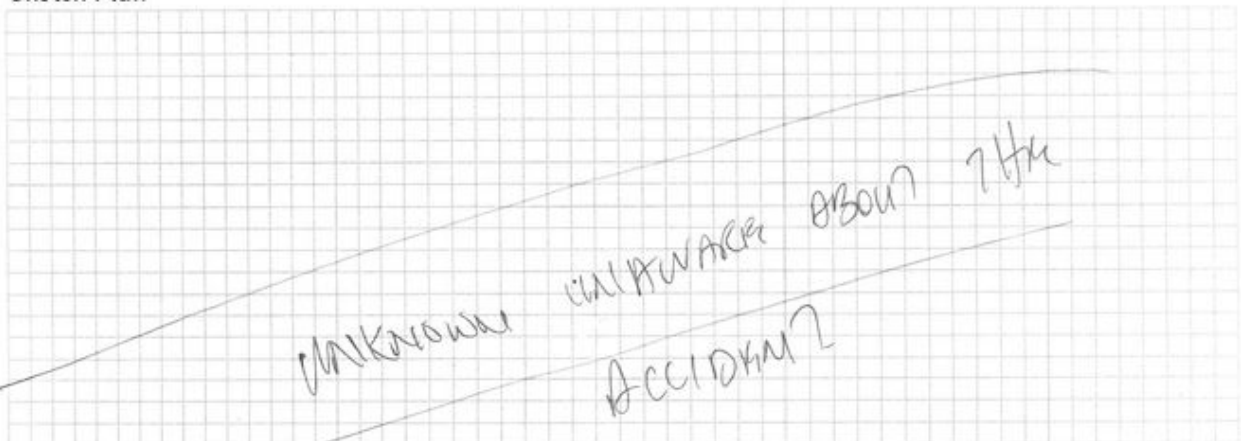
**SKETCH PLAN****IMPORTANT NOTICE**

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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)**  
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' law 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 &  
Time

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

  
Witnessed by Reporting Centre  
Personnel


**Sketch Plan**

**Describe Circumstances of the Accident**


REFER TO POLICE REPORT A/20210316/2012

**Declaration**

We declare the foregoing particulars are true in every respect.

 16/3/2021, 11:00 AM  
Policyholder's Signature / Date & Time

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

 16/03/2021  
Witnessed by Reporting Centre Personnel


































**SINGAPORE  
POLICE FORCE**


A/20210316/2012

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**POLICE REPORT (NP299)**

Report No. A/20210316/2012

Police Station Of Origin  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

Date/Time Report Made 16/03/2021 09:41	Vide Report No.	Station Diary No. 8
Name Of Informant VINEET SHRIVASTAVA	Address 7 SIGLAP ROAD #03-66 SINGAPORE 448909	
ID Type / ID No. NRIC NO / S7184898A	Contact No. Home/Office	Mobile 91450446
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Legal Consultant	Sex Male	Age 50
Institution/School Name	Date of Birth 06/03/1971	Race Indian
Date/Time Of Incident 10/03/2021 17:30 - 10/03/2021 17:45	Language English	
	Location Of Incident PRINSEP STREET SINGAPORE	
	Double Parallel Parking Lot	

**Brief details.**

On 15/02/2021, at about 1845hrs, I received an email from NTUC Income regarding an insurance claim that has been lodge against my vehicle (SLW5687Y) by the driver of vehicle (SLD5429B). I have checked with NTUC Income and the claim was valid. However, I do not recall that my vehicle (SLW5687Y) was involved in any accident. I was told by my insurance company (NTUC Income) to lodge a police report. Claim No.: MT/1124348-001

On 10/03/2021, I parked my vehicle (SLW5687Y) along Prinsep Street at a double parallel parking lot

Signature Of Officer Recording The Report: A / Sgt 2 LEE LI XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/03/2021 09:41
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / ASP MUHAMMAD IDRIS BIN ABRAHIM Contact No.: 65575324	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



A/20210316/2012

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210316/2012

and left the parking lot at about 1845hrs. I recall seeing a vehicle that was parked behind me but I do not remember the color or car plate of the vehicle. I wish to state that I have both front and back car cameras in my vehicle but I have not checked the footage regarding this incident. I would like to state that the vehicle was only driven by me and I did not hit or cause any damage to another vehicle. I am lodging this report for record purposes.

Signature Of Officer Recording The Report:

A / Sgt 2 LEE LI XUAN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
A / Central Police Divisional Investigation Branch /  
ASP MUHAMMAD IDRIS BIN ABRAHIM  
Contact No.: 65575324

Authentication Stamp

Signature Of Informant:

Date/Time:  
16/03/2021 09:41

Classification Of Case: