

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 21/04/2021 11:10 (SGT)
Date of Accident 20/04/2021 09:25 (SGT)
Exact Location of Accident Elias Mall, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX9583T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOBEE RAMANUJALU
NRIC No SXXXX712A
Email Address GOBEE@SINGNET.COM.SG
Mobile Phone No (Phone) +65-97944025
Alternative Phone No +65-97944025

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2021-00000238
Cover Note Number -

DRIVER

Name of Driver GOBEE RAMANUJALU
NRIC No SXXXX712A

Date Of Birth	19/11/1992
Occupation	Indoor
Date Of Driving Pass	04/02/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97944025
Alt. Phone Number	+65-97944025
Email Address	GOBEE@SINGNET.COM.SG
Address	APT BLK 157 LORONG 1 TOA PAYOH #11-1247 SINGAPORE
Address complement	-
Postcode	310157
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	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	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)	0
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210420/7038

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	SKP5996D
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) -

WITNESS DETAILS

WITNESS 1

Name CHARLES
Phone -
Email -

SKETCH PLAN

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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:

(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.

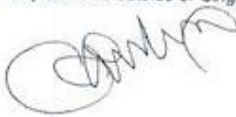
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' 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.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: SKX9583T
Vehicle B: SP5996D

Elias Mall

Describe Circumstances of the Accident


Refer to Police Report No:	T 20210420	7038
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Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date &
Time

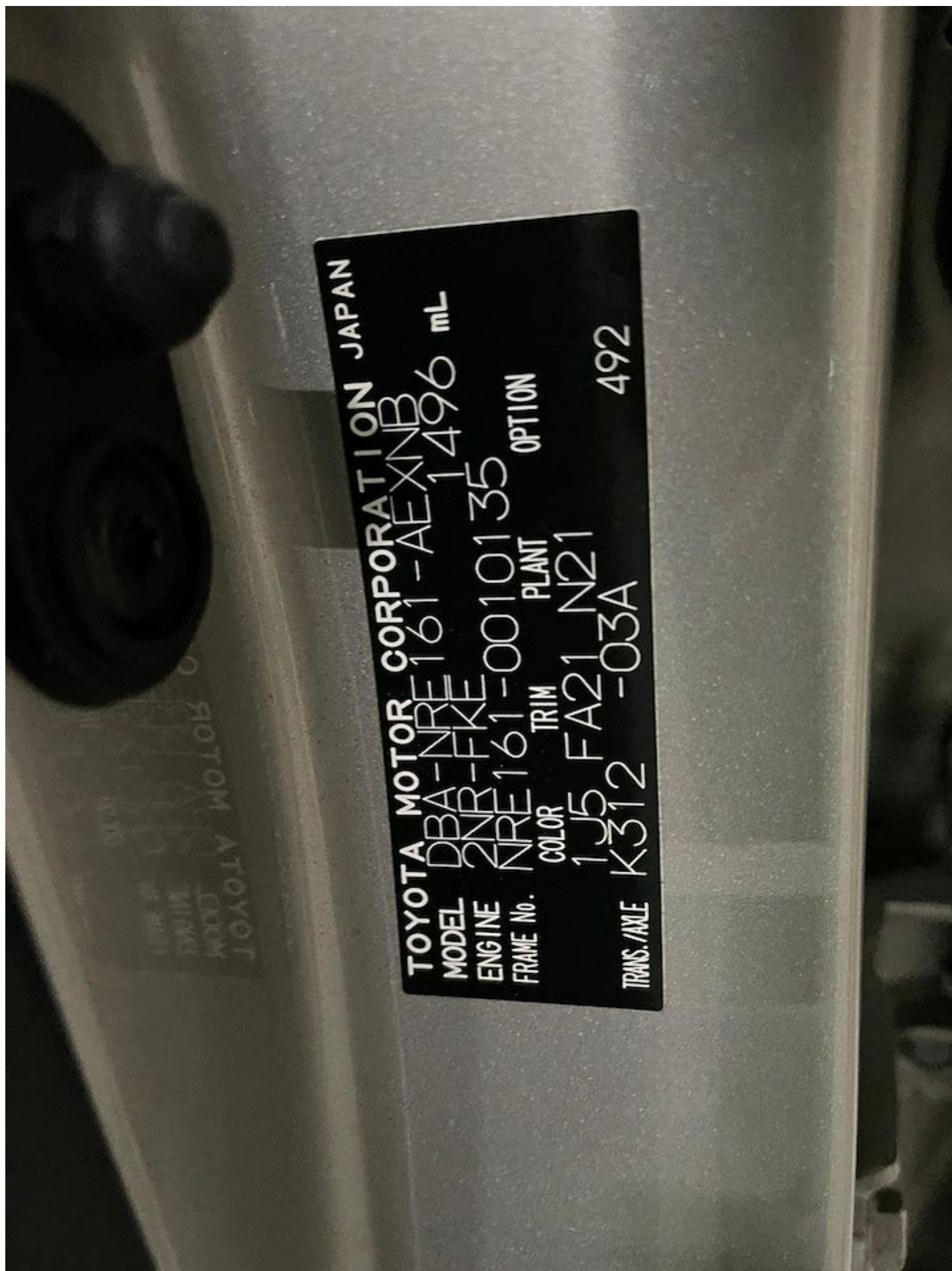


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre
Personnel





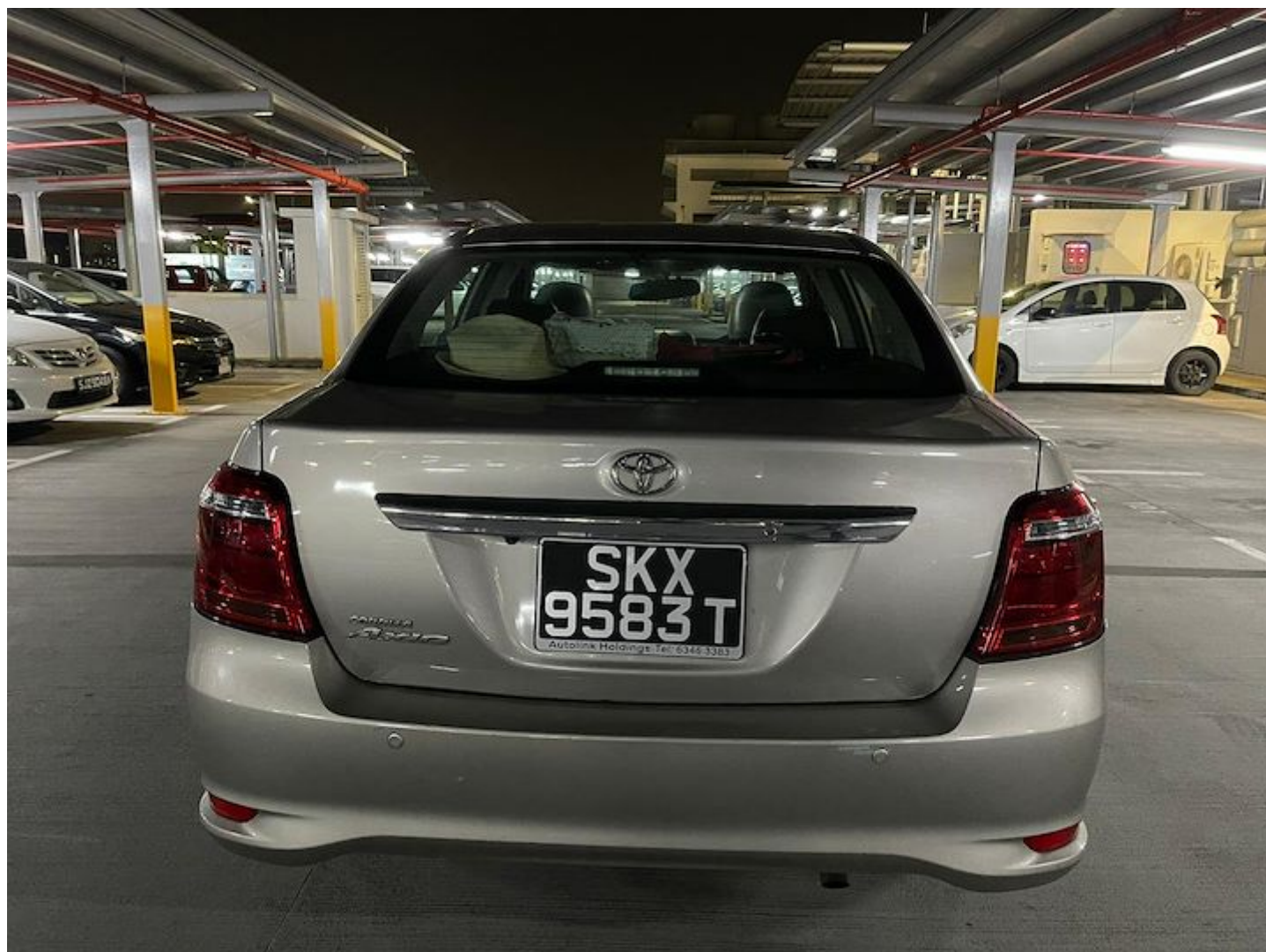













**SINGAPORE
POLICE FORCE**


T/20210420/7038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210420/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2021 20:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOBEE S/O RAMANUJALU			Address: 157 LORONG 1 TOA PAYOH #11-1247 SINGAPORE 310157		
ID Type / ID No.: NRIC NO / S2584712A			Contact No.: Home/Office: Mobile: 97944025		
Nationality: MALAYSIAN			Email: gobee@singnet.com.sg		
Sex: Male	Age: 60	Date of Birth: 22/11/1960	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Logistics Executive			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/04/2021 09:20	Type of Location: Car Park
Location: ELIAS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKP5996D	Car					0
SKX9583T	Car	TOYOTA	COROLLA AXIO 1.5X A	Beige		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20210420/7038

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX9583T	FWD Singapore Pte. Ltd	PNPV2021-00000238	01/01/2021	31/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOBEE S/O RAMANUJALU		ID No. S2584712A
Related Vehicle	SKX9583T (Car)		Contact No. 97944025
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of NIL

Brief Details.

ON 20/4/2021 AROUND 0910HRS. I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SKX9583T) PARKED AT THE ELIAS MALL AND I WENT OFF. AT AROUND 0925HRS, I WENT BACK TO MY VEHICLE AND A WITNESS (CHARLES) VEHICLE BEARING NUMBER PLATE (SJP2453K) THAT PARKED BEHIND MY CAR TELLING ME THAT VEHICLE BEARING NUMBER PLATE (SKP5996D) COLLIDED ONTO THE RIGHT SIDE MIRROR OF MY CAR AND DROVE OFF AFTER HALTING FOR AWHILE BUT DIDNT GET OUT THE CAR.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210420/7038

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Report No. T/20210420/7038

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
20/04/2021 20:01

Classification Of Case: