

# 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 ..... 24/06/2021 09:32 (SGT)  
Date of Accident ..... 20/06/2021 13:00 (SGT)  
Exact Location of Accident ..... 78 Sungei Tengah Rd, Singapore 699003  
Additional Location Information ..... RAINBOW AQUARIUM  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGJ9202P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JAYAKODY S/O RAJAMANI  
NRIC No ..... SXXXX795G  
Email Address ..... GANESH0919713@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98239593  
Alternative Phone No ..... +65-98239593

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A4  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100359499-07  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SREEGANESH JAYAKODY  
NRIC No ..... SXXXX482D

Date Of Birth .....	25/02/1992
Occupation .....	Indoor
Date Of Driving Pass .....	03/09/2010
Driving experience .....	10 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94307488
Alt. Phone Number .....	-
Email Address .....	GANESH0919713@GMAIL.COM
Address .....	BLK 386 YISHUN RING RD
Address complement .....	#11-1707
Postcode .....	760386
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Collided into Parked Vehicle
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SGL7066T
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

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. 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)

I understand, acknowledge, agree and consent that:

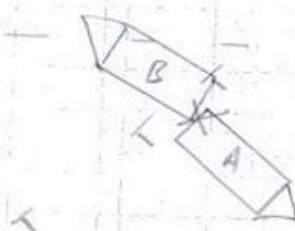
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A = SGJ 9202P  
B = SGL 7066T

RAINBOW AQUARIUM  
78 SUNSET TERRACE SINGAPORE

## Describe Circumstances of the Accident


ON THE STATED TIME AND DATE, MY CAR WAS  
 WAS PARKED AT RAINBOW AQUARIUM'S CARPARK AT ABOUT  
 12.46 PM, AND AT ABOUT 1.00 PM THERE WAS AN ANNOUNCEMENT  
 STATING MY CARPLATE AND ASK ME TO COME OUT TO MY CAR.  
 THEN I REALISE, VEHICLE B HIT ONTO MY REAR PORTION  
 AND TRIED TO DRIVE AWAY. WITNESS SAW AND INFORM ME  
 ABOUT IT AS WELL.

## Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
 Policyholder's Signature / Date &  
 Time

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

 24/06/21  
 Witnessed by Reporting Centre  
 Personnel



11:35 4G

eservices.police.gov.sg

Any Pedestrian Involved: No

Use of Pedestrian Crossing: NA

2 of 3

**SINGAPORE POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

Report No: T002106237004

CONTINUATION OF REPORT

Driver	
Name	SREEGANESH JAYAKODY
Related Vehicle	SGJ9202P (Car)
Hospital/Clinic	NIL
Date	NIL
No. of Days granted Medical Leave	NIL
ID No.	882064820
Contact No.	94397488
Class of Driving License & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL
Describe of	NIL

**Brief Details:**  
I arrived at Rainbow Aquarium at 1247pm. I parked my car at the customer designated carpark lot. They are head in diagonal lots. At 1pm my carplate was paged over the system. When I went out to see what happen, I realised that I was involved in a hit and run. Luckily there was witness that saw it and inform me about the whole situation.

**SINGAPORE POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

Report No: T002106237004





















11:35 4G

eservices.police.gov.sg

**SINGAPORE POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

Barcode: 1002106200004

Page No: 1 of 3  
Report No: 1002106200004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/06/2021 11:32  
Vice Report No.: J202106200037  
Station Diary No.:

**Informant's Particulars**

Name of Informant: SREEGANESH JAYAKODY  
Address: 386 YISHUN RING ROAD #11-1707 SINGAPORE 760386  
ID Type / ID No.: NRIC NO / S92064820  
Contact No.: Home/Office: Mobile: 94307488  
Nationality: SINGAPORE CITIZEN  
Email: gnaneshjaya386@hotmail.com  
Sex: Male Age: 29 Date of Birth: 25/05/1992  
Type of Informant: Driver  
Race: Indian  
Lingua: English  
Institution / School Name:  
Occupation: Computer engineer  
Driving Licence Information: Class: Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-injury  
Attended by Police: Yes  
Drink Drive: No  
Date/Time of Accident: 23/06/2021 11:00  
Type of Location: Car Park  
Location: SUNGELI TENGAH ROAD

Weather: Clear  
Road Surface: Dry  
Road Speed Limit:  
Traffic Flow: Two 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	Consist	No of
SQJ9762P	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No  
No. of Pedestrians Injured: Nil  
Use of Pedestrian Crossing: NA

**SINGAPORE POLICE FORCE**

Police Station Of Origin:  
Traffic Police

Barcode: 1002106200004

Page No: 2 of 3  
Report No: 1002106200004

11:35 4G

eservices.police.gov.sg

Any Pedestrian Involved: No

Use of Pedestrian Crossing: NA

2 of 3



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000



T002106237004

2 of 3

Report No: T002106237004

CONTINUATION OF REPORT

Driver	
Name	SREEGANESH JAYAKODY
ID No.	882064820
Related Vehicle	SGJ9202P (Car)
Contact No.	94397488
Hospital/Clinic	NIL
Class of Driving License & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL
No. of Days granted Medical Leave	NIL
Date	NIL
Describe of	NIL

**Brief Details:**

I arrived at Rainbow Aquarium at 1247pm. I parked my car at the customer designated carpark lot. They are head in diagonal lots. At 1pm my carplate was tagged over the system. When I went out to see what happen, I realised that I was involved in a hit and run. Luckily there was witness that saw it and inform me about the whole situation.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000



T002106237004

3 of 3

Report No: T002106237004



3 of 3

 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408855  
Tel No: 65470000

  
T002164237004

3 of 3  
Report No: T002164237004

CONTINUATION OF REPORT

Sketch Plan  
Informant is not able to provide sketch

Signature Of Officer Recording This 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: 23/06/2021 11:32
Officer In Charge Of Case: TP / TP1B / S/IT NORHA FIDAH BINTE HANAFI Contact No.: 65479202	Classification Of Case:
Authentication Stamp: w/162	

