

# 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 .....	12/07/2021 14:01 (SGT)
Date of Accident .....	10/07/2021 20:33 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	STEVENS RD U-TURN TWDS SCOTTS RD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJF5888Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MURALI KRISHNA CHITRADA
NRIC No .....	S7368791H
Email Address .....	mkchitrada@hotmail.com
Mobile Phone No .....	(Phone) +65-97224377
Alternative Phone No .....	+65-97224377

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	COROLLA AXIO 1.5X A
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNA00082752105
Cover Note Number .....	03/06/21 - 02/06/22

### DRIVER

Name of Driver .....	MURALI KRISHNA CHITRADA
NRIC No .....	S7368791H

Date Of Birth .....	06/06/1973
Occupation .....	Indoor
Date Of Driving Pass .....	25/11/2009
Driving experience .....	11 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97224377
Alt. Phone Number .....	+65-97224377
Email Address .....	mkchitrada@hotmail.com
Address .....	BLK 899B WOODLANDS DR. 50 #11-272
Address complement .....	-
Postcode .....	731899
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 .....	Collision - Head to Rear
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 vehicle 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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I Murali Krishna Chitrada (S7368791H) accidentally banged slowly the car SMX9804H on 10th July @ 8.33 pm at Stevens Road U-turn to Scotts Road. My car plate is SJF5888Y. My car dented on the front right side edge. SMX9804H got dented on the left back side.

#### 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 .....	SMX9804H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ANG GER ENG
NRIC No .....	S1776952I
Contact Number .....	(Phone) +65-96178795

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

**SKETCH PLAN**

1. VEHICLE NO.: SJF 5888Y  
 2. INSURER CO.: CHINA TAIPING  
 3. ACCIDENT DATE & TIME: 10/07/21 8:30 AM

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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.

*Ch. Mansel Kuan*  
 12 JUL 2021

Policyholder's Signature / Date & Time

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

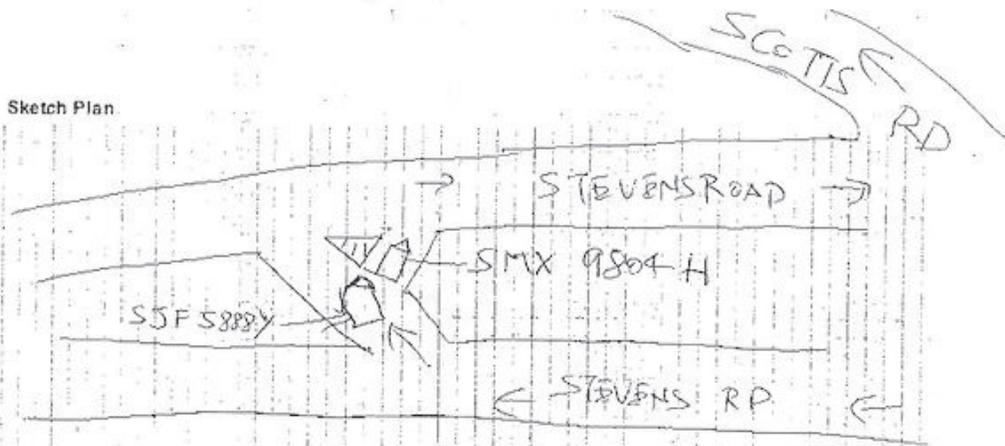
Witnessed by Reporting Centre Personnel

(WL)

**Sketch Plan**

PLEASE  
TURN  
OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, MURALI KRISHNA Chikrada (S73687914) accidentally banged slowly the car SMX 9804 H on 10th JULY @ 8:33 PM at Stevens Road U-Futo km Scotts Road.

My Car plate is S5F 5888 Y - My Car dented on the Front Right Side edge. SMX 9804 H got dented on the left back side.

Note : Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Ch. Murali Krishna  
12 JUL 2021

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: (WL)  
NRIC/FIN No.:

Claim Own Policy     Claim Third Party     Reporting Only  
 Claim OD/TP at other workshop











