

# 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 ..... 03/08/2021 16:11 (SGT)  
Date of Accident ..... 29/07/2021 20:04 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BISHAN ST 22 BETWEEN BLK284-283 CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT7377H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MAHENDRAN S/O NITHIA ANNATHAN  
NRIC No ..... SXXXX203C  
Email Address ..... MAHEN.NA85@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97307377  
Alternative Phone No ..... +65-97307377

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 420i  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SP2000304320-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MAHENDRAN S/O NITHIA ANNATHAN  
NRIC No ..... SXXXX203C

Date Of Birth .....	10/01/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	03/04/2017
Driving experience .....	4 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97307377
Alt. Phone Number .....	+65-97307377
Email Address .....	MAHEN.NA85@GMAIL.COM
Address .....	BLK 224A, SUMANG LANE, #16-143
Address complement .....	-
Postcode .....	821224
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 vehicle 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 .....	Cairnhill Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002968999
Police Station Address .....	Blk 9 Gloucester Road #01-03 Singapore 210009
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### ATTACH POLICE REPORT

#### 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 .....	SGS19P
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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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.

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)

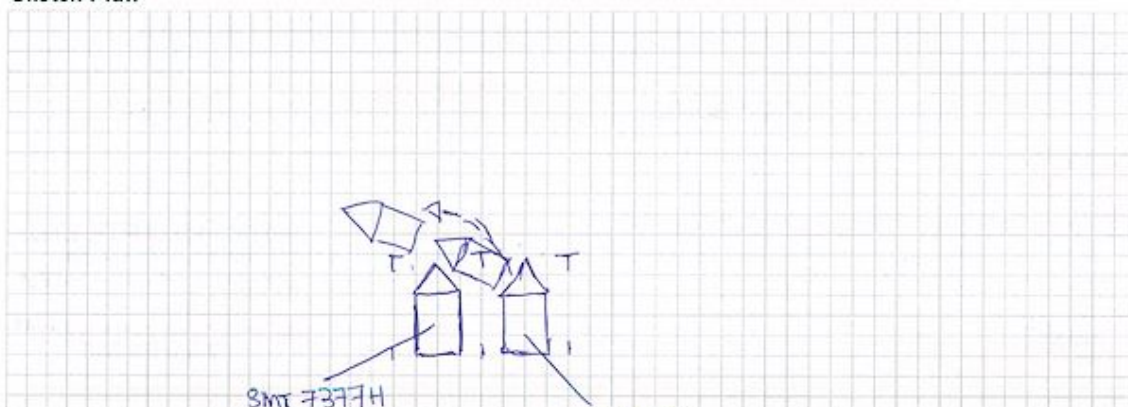
*[Signature]*

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

Police Report attaches

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

( ) Claim Own policy

( ) Claim Third Party

☐ Claim OD/TP at other workshop

( ) Reporting Only

## Declaration

We declare the foregoing particulars are true in every respect.

Wagon

Policyholder's Signature / Date &  
Time

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

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

Witnessed by Reporting Centre  
Personnel




























**SINGAPORE  
POLICE FORCE**


T/20210730/2107

1 of 3

Police Station Of Origin:  
Cairnhill NPP  
9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999

Report No. T/20210730/2107

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/07/2021 19:12	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars			
Name of Informant: MAHENDRAN S/O NITHIA ANNATHAN		Address: APT BLK 224A SUMANG LANE #16-143 SINGAPORE 821224	
ID Type / ID No.: NRIC NO / S8504203C		Contact No.: Home/Office: Mobile: 97307377	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 10/01/1985	Type of Informant: Vehicle Owner
Race: Indian		Language:	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/07/2021 20:05	Type of Location: Car Park
Location:  BISHAN STREET 22				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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 Passenger
SGS19P	Car	MERCEDES BENZ	R300L			0
SMT7377H	Car	BMW	420i	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
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T/20210730/2107

Police Station Of Origin:  
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9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999

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Report No. T/20210730/2107

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	MAHENDRAN S/O NITHIA ANNATHAN		ID No. S8504203C
Related Vehicle	SMT7377H (Car)		Contact No. 97307377
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 29/07/2021 at 1950hrs, I parked my vehicle SMT7377H BMW white in colour at Lot number 21 at the open-spaced carpark of Blk 283 and Blk 284 Bishan Street 22. At about 2004hrs to 2005hrs, a vehicle to my right SGS19P a Mercedes Benz turned out from the lot to the left and scratched onto the front right of my vehicle. The vehicle owner did not stopped his vehicle to make a check and drove off. I am lodging this report for the insurance claims. That's all.





**SINGAPORE  
POLICE FORCE**



T/20210730/2107

Police Station Of Origin:  
Cairnhill NPP  
9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999

3 of 3

Report No. T/20210730/2107

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sgt 3 TOW HUANMIN, WILSON

Signature Of Informant:

*Mageu*

Signature Of Interpreter:

Not applicable

Date/Time:

30/07/2021 19:12

Officer In Charge Of Case:

TP / HRT /

SI STEPHANIE, CHEUNG TSZ YING

Contact No.: 96208032

Classification Of Case:

Authentication Stamp  
NP168