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 witholding 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.

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 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 15:42 (SGT) Date of Accident 09/07/2021 20:15 (SGT) Exact Location of Accident 305 Anchorvale Link, Singapore 540305 Additional Location Information **MSCP** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFA3704G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LILY MARINE SERVICES Company Reg No 1XXXXX597H Email Address SOMA@LILYMARINE.COM Mobile Phone No (Phone) +65-90232840 Alternative Phone No +65-90232840

VEHICLE PARTICULARS

Manufacturer **BMW** Model Х3 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 2000

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number

DRIVER

Name of Driver SHIVA SHANKARI SOMASUNDRAM NRIC No. SXXXX320J

Date Of Birth 20/01/1989 Occupation Indoor Date Of Driving Pass 12/08/2013 Driving experience 7 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-90232840 Alt. Phone Number Email Address SOMA@LILYMARINE.COM Address 305A ANCHORVALE LINK #06-07 Address complement Postcode 541305 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bukit Merah East Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002369999 Alt. Police Station Phone No (Fax) +65-62204360 Police Station Address 391 New Bridge Road Police Cantonment Complex Block A Singapore 088762 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACH. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GX2580U

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

Goods vehicle
-
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-
-
Lonpac Insurance Bhd
REAR
-
-

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 7. By the lodgment 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:

- 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)
 - (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
- (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
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Megnaph

Date & Time:

Driver's Signature (If driver is not the policyholder)

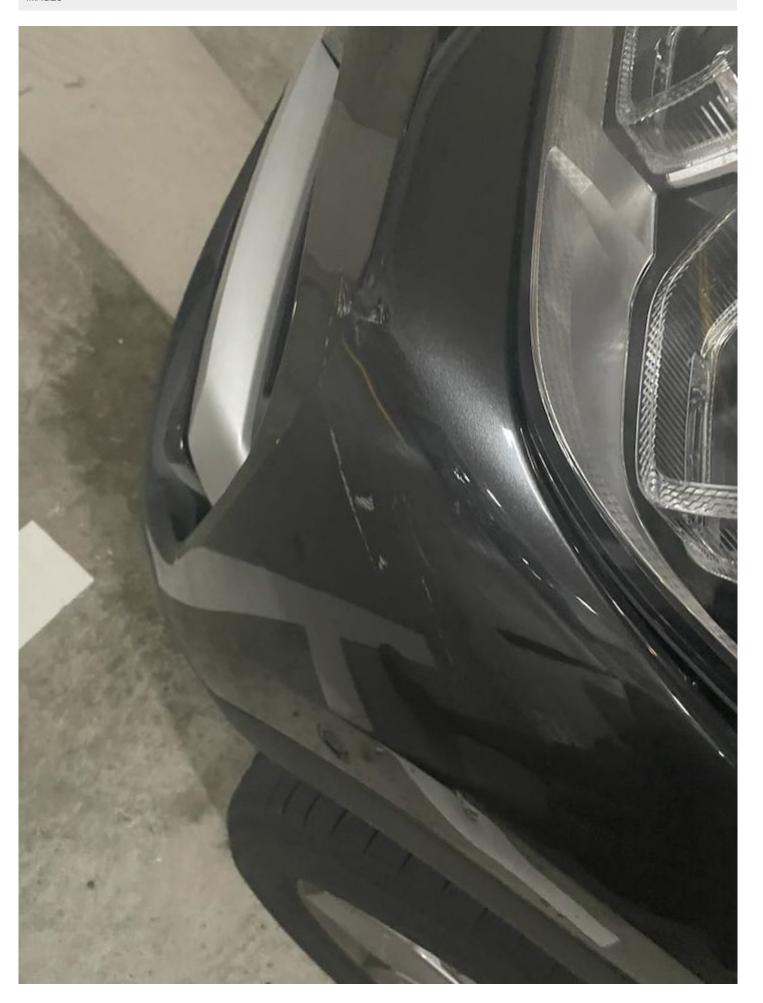
Date & Time:

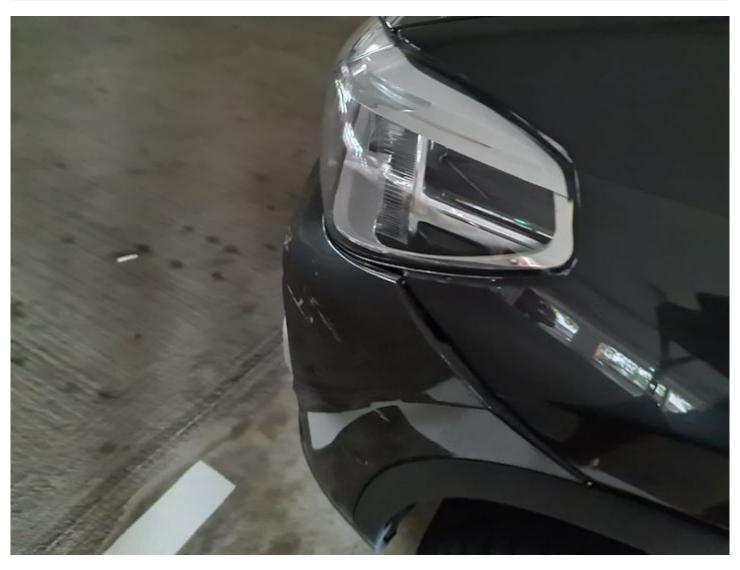
Reporting Centre Personnel's Signature Name

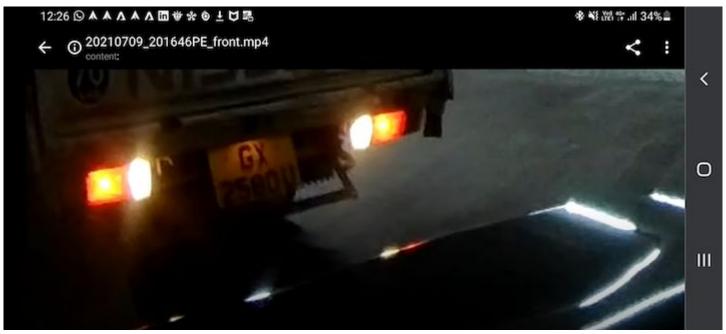
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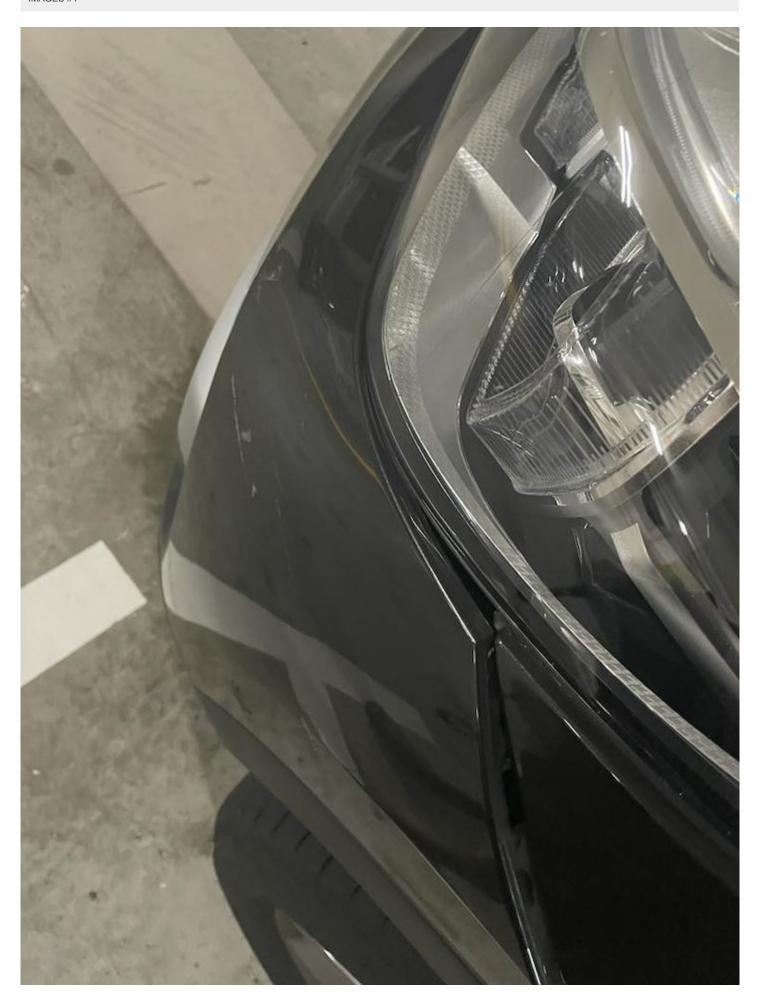
SKETCH PLAN				
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Refer to pos	ice report.			
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DECLARATION Se				
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Singapore S	ulars are true in every respect.		-	1
13/ 10/	y N			< .
Policyholder Signatum	Driver's Signature	Rep	porting Centre Person	inel's Signature
Date & Time:	(If driver is not the policyholder)	Nai	me:	
	Date & Time:	NR	IC/FIN No.:	











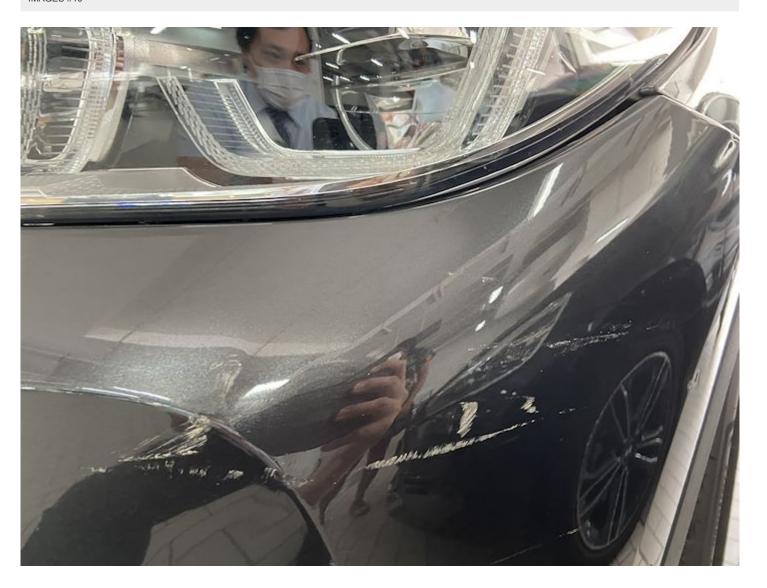










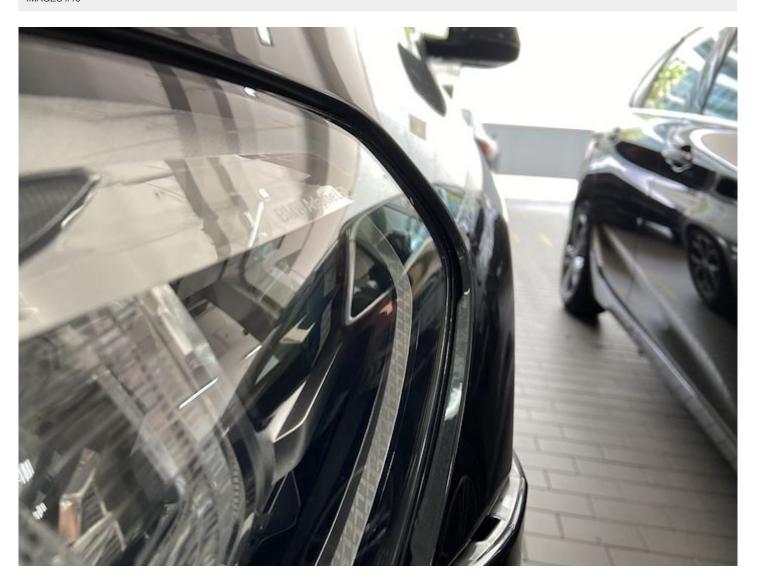










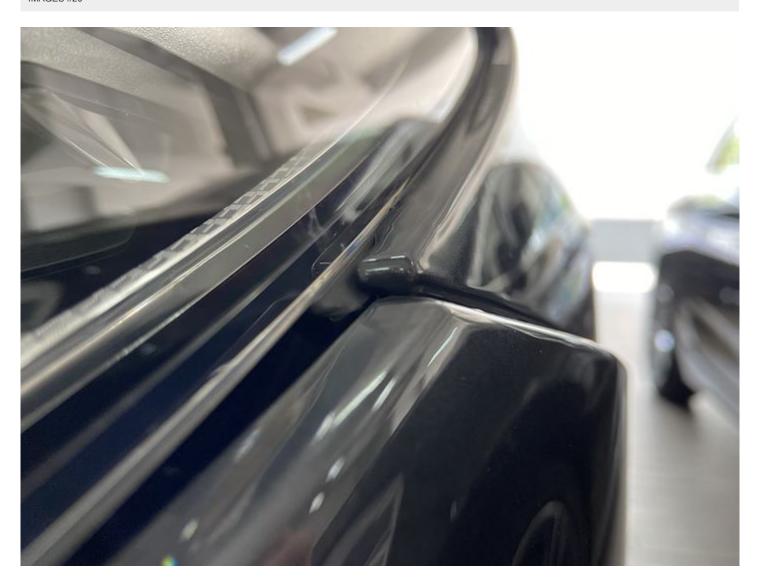


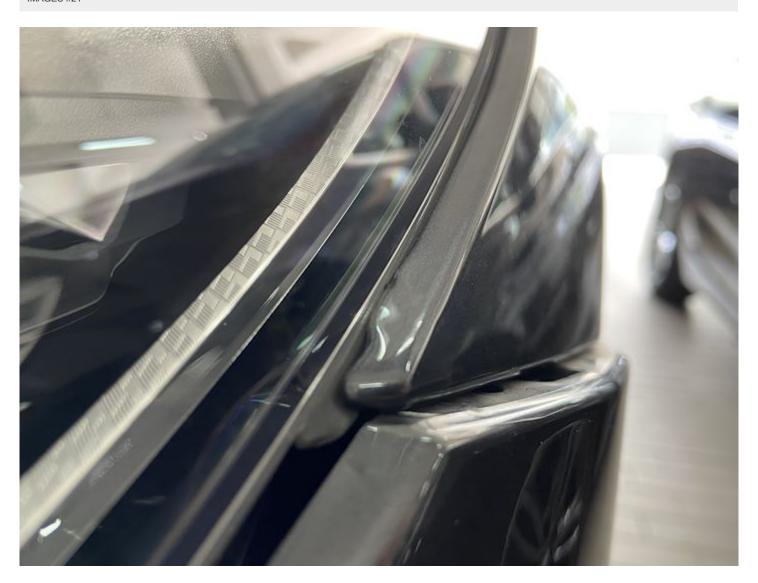


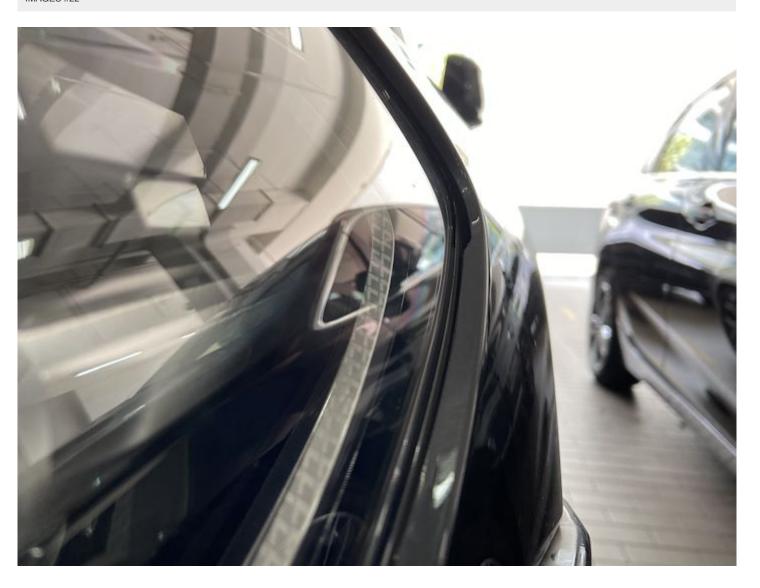


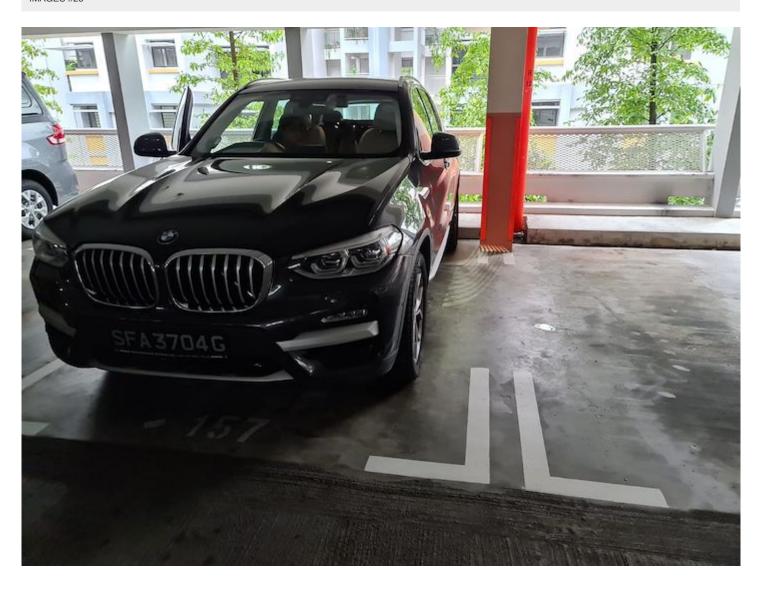


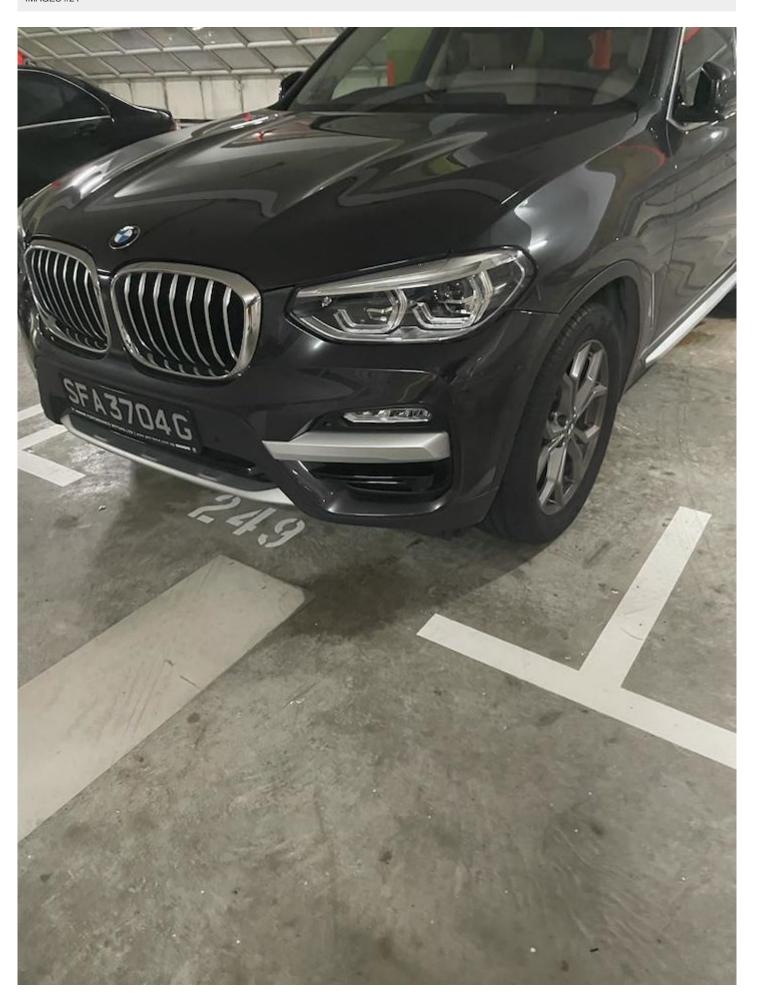


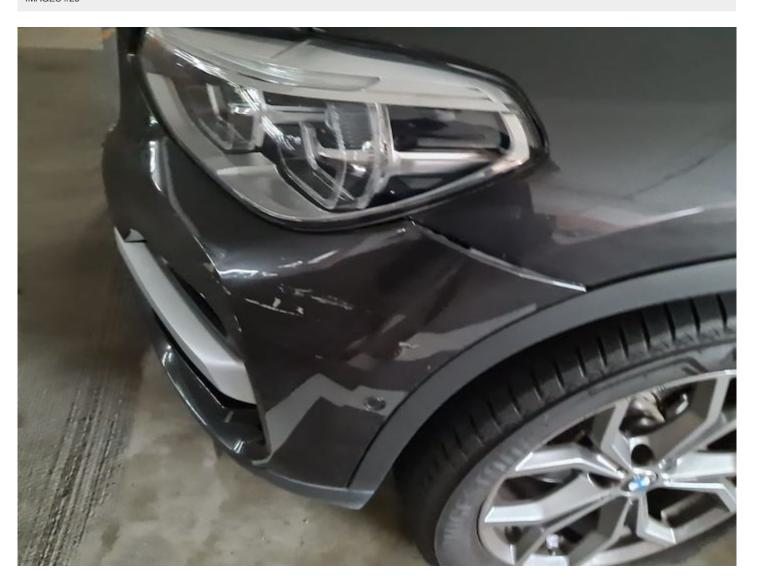


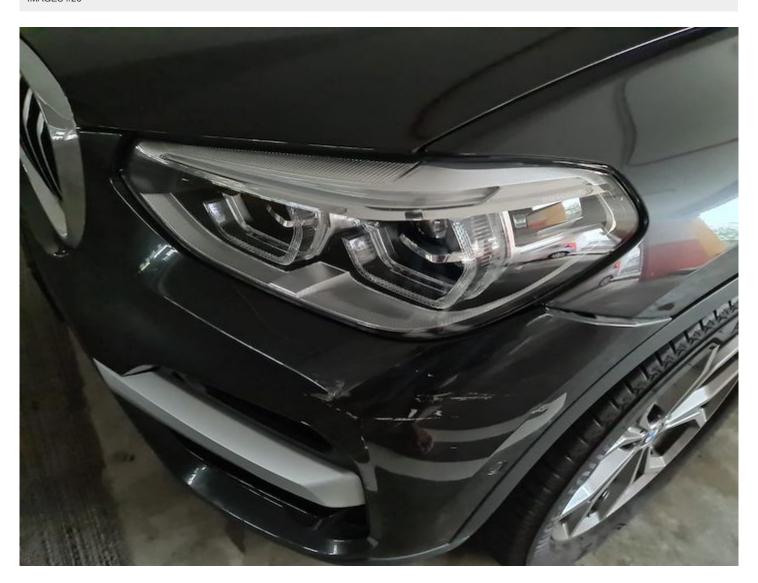
















Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

1 of 3 Report No. T/20210710/2049 11 - 45 - 1 - 500**0** - 1 - 1 - 500 - 500 - 1 -

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 10/07/2021 15:24		Vide Report No.:	Station Diary No.: 73		
Informan	t's Partic	ulars				
Name of Informant: SHIVA SHANKARI SOMASUNDRAM			Address: APT BLK 305A ANCHORVALE LINK #06-07 SINGAPORE 541305			
ID Type / ID No.: NRIC NO / S8973320J			Contact No.: Home/Office:	Mobile: 90232840		
Nationalit SINGAPO	y: ORE CITIZ	Cilian.		Section 1		
Sex: Female	Age: 32	Date of Birth: 20/01/1989	Type of Informant: Driver	in the latest than		
Race: Sri Lanka	n	Language: Institution / School Na English		Institution / School Name:		
Occupation: TEACHER			Driving Licence Information: Class: 3A	Date of Expiry:		

General Infor	mation of the Accider	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/07/2021 20:15	Type of Location: BLOCK 305A ANCHORVALE LINK, MSCP, LOT 157	
Location: ANCHORVAL	LE LINK			39% - 27 E22 00 73 NB	
Weather:		Road Surface:	Road Speed Limit:		
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis	sion:			Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX2580U	Lorry					0
SFA3704G	Car				Slightly	0 1 1 21



T/20210710/2049

2 of 3 Report No. T/20210710/2049

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

CONTINUATION OF REPORT

Brief Details.

On 09/07/2021 at about 2016hrs, a hit-and-run incident happened where my vehicle was damaged while it was parked in the multi-storey carpark, lot 157, of Block 305A Anchorvale Link. The other party's vehicle (GX2580U) had reversed into my vehicle, hit my vehicle's front-left side, and then proceeded to leave the scene. My vehicle is registered under my father's company Lily Marine Services Pte Ltd.

i last parked my vehicle (SFA3704G) at about 1630hrs on 09/07/2021, and only discovered the damages at 1200hrs on 10/07/2021. The in-vehicle dashcam footage was reviewed, which captured the incident as well as the plate details of the other party's vehicle.

There are slight damages on the front-left bumper and headlight of my vehicle.





Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999 3.of.3 Report No. T/20210710/2049

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 2 JAVIER TAN KAI MING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2021 15:24
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp	

NP168