

# 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 ..... 10/08/2021 15:44 (SGT)  
Date of Accident ..... 08/08/2021 17:30 (SGT)  
Exact Location of Accident ..... 35 Amber Rd, Singapore 439945  
Additional Location Information ..... 35 AMBER ROAD THE SEAVIEW S'PORE 439945 (BASEMENT CARPARK)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY825B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SONIYA HITEN KAMDAR  
NRIC No ..... SXXXX485H  
Email Address ..... ADMIN@SUPREMEXIMP.COM  
Mobile Phone No ..... (Phone) +65-91501112  
Alternative Phone No ..... +65-91501112

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Sorento  
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 ..... 2151

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210013338  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... DIVYESH HITEN KAMDAR

NRIC No .....	TXXXX312B
Date Of Birth .....	08/11/2000
Occupation .....	Indoor
Date Of Driving Pass .....	13/03/2020
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91501112
Alt. Phone Number .....	-
Email Address .....	ADMIN@SUPREMEXIMP.COM
Address .....	BLK 35 AMBER ROAD #22-14
Address complement .....	-
Postcode .....	439945
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 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? .....	Yes
Police Station Name .....	Joo Chiat Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18003459999
Alt. Police Station Phone No .....	(Fax) +65-64474181
Police Station Address .....	267 Onan Road Singapore 424773
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

#### 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 .....	SMR3369T
Vehicle Manufacturer .....	Skoda
Vehicle Model .....	Karoq
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	Auto & General Insurance (Singapore) Pte. Limited.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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

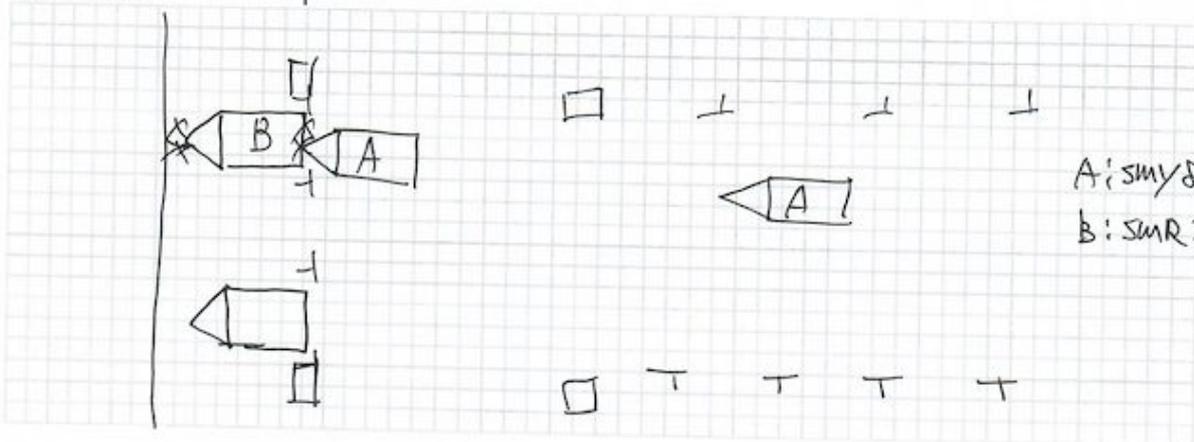
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**































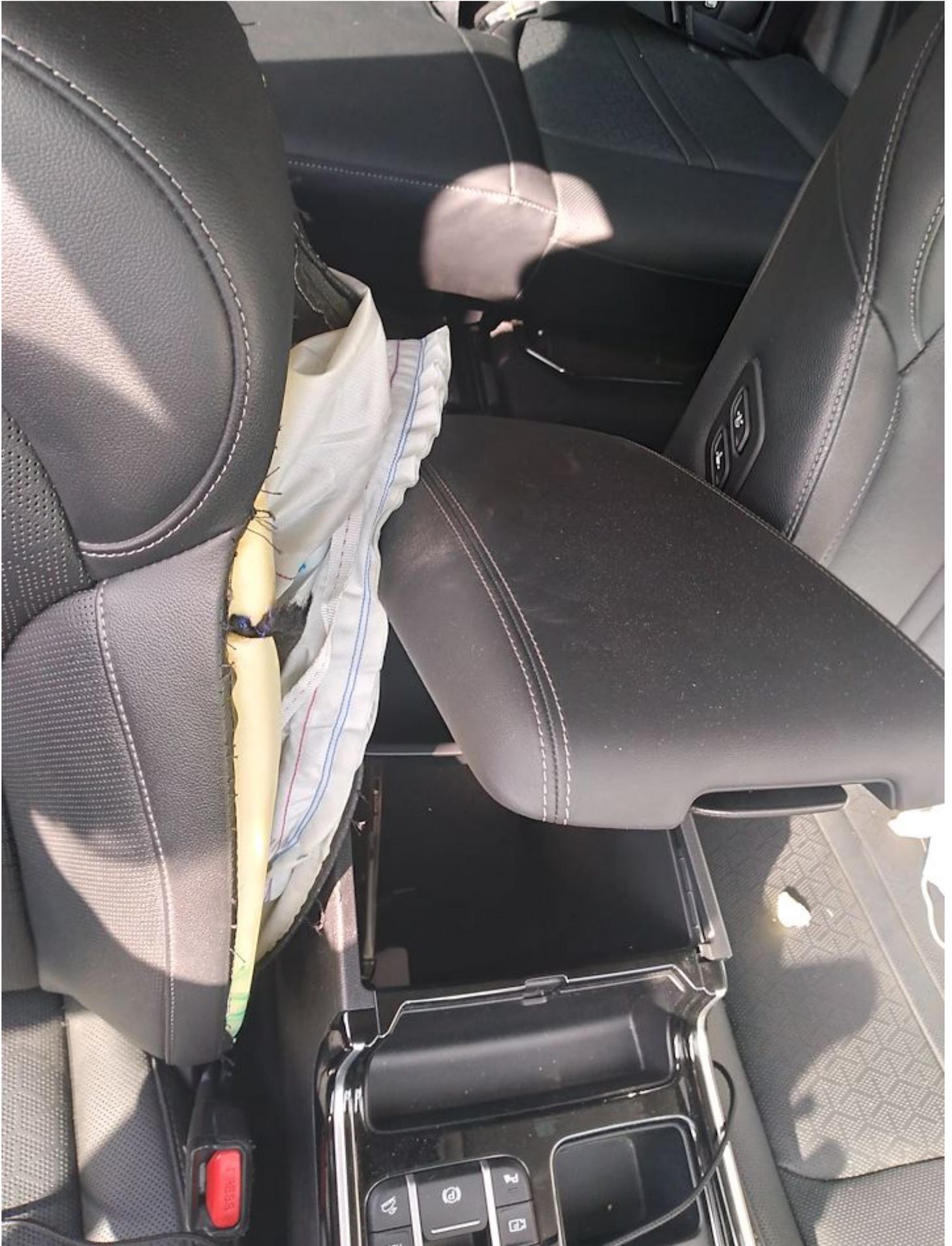


















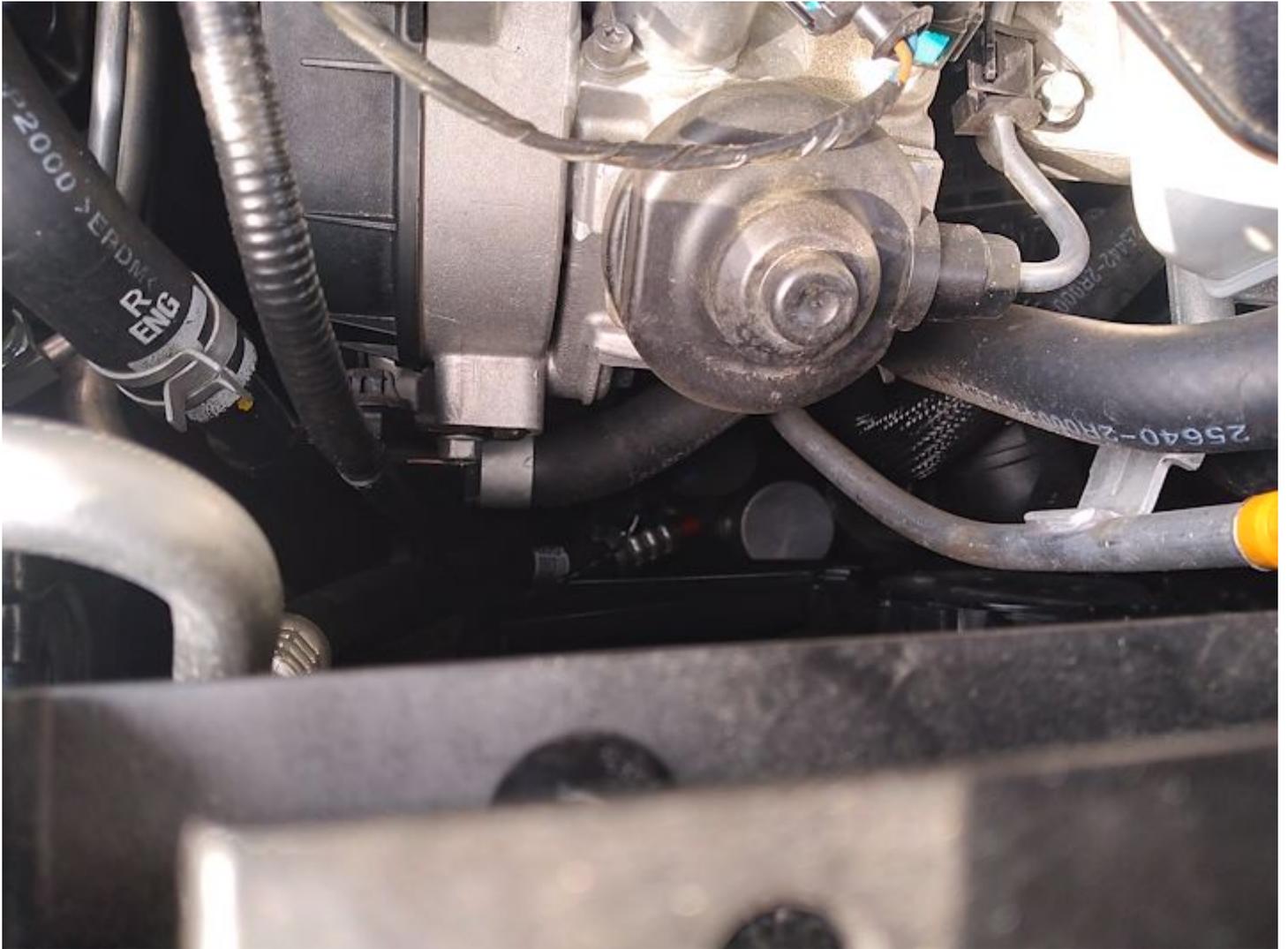























**SINGAPORE  
POLICE FORCE**


G/20210809/2049

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**POLICE REPORT (NP299)**

Report No. G/20210809/2049

Police Station Of Origin  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

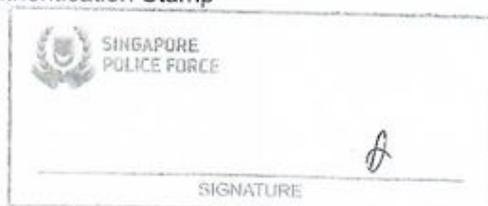
Date/Time Report Made 09/08/2021 16:12	Vide Report No. G/20210808/0071	Station Diary No. 6
Name Of Informant HITEN A KAMDAR	Address 35 AMBER ROAD #22-14 SINGAPORE 439945	
ID Type / ID No. NRIC NO / S1770858I	Contact No. Home/Office	Mobile 91501112
Nationality SINGAPORE CITIZEN	Email Address	
Occupation BUSINESS MANAGER	Sex Male	Age 54
Institution/School Name	Date of Birth 02/12/1966	Race Indian
Date/Time Of Incident 08/08/2021 06:35	Location Of Incident 35 AMBER ROAD THE SEA VIEW SINGAPORE 439945 B1 CARPARK	

**Brief details.**

I am lodging this cover report on behalf of my son (Divyesh Hiten Kamdar, T0039312B, HP: 97672251) as he needs to submit this report to his superior back in Pulau Tekong, as well as for insurance claim on the vehicle (SMY825B).

On the 8 Aug 2021 at about 1730hrs, I received a phone call from my son, informing me that he had got into an accident at the basement carpark at where we are residing at. I immediately went down to the carpark to meet up with my son. Thereafter, I got the security officer to contact the owner of vehicle

Signature Of Officer Recording The Report: G / Sgt 2 ANDREZ TEO YU WEI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/08/2021 16:12
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 3 RENUGA DEVI D/O CHANDRAMOHAN Contact No.: 68486999	Classification Of Case:

**Authentication Stamp**




**SINGAPORE  
POLICE FORCE**



G/20210809/2049

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210809/2049

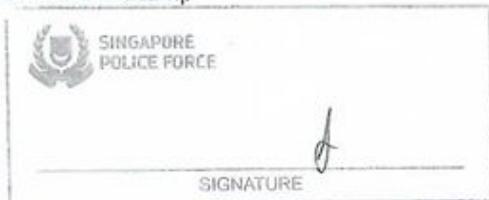
(SMR3369T) to come down to assess the cost of damage.

My son informed that he drove into the car park and he fell asleep while driving and as such, he collided onto the rear of vehicle (SMR3369T). My son was driving a blue KIA Sorento (SMY825B). My son did not suffer any injuries.

The vehicle owner of SMR3369T and us decided to proceed with our respective insurance claims.

Signature Of Officer Recording The Report: G / Sgt 2 ANDREZ TEO YU WEI <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 09/08/2021 16:12
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 3 RENUGA DEVI D/O CHANDRAMOHAN Contact No.: 68486999	Classification Of Case:

Authentication Stamp





G/20210809/2064

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### Case Summary Form (CSF)

Report No.G/20210809/2064

Manual Form Serial No G/20210809/2049  
 Report Number G/20210809/2064  
 Vide Report Number G/20210809/2049  
 Date/Time of Report Made 09/08/2021 17:37  
 Place Report Lodged Marine Parade N.P.C  
 Name of Informant HITEN A KAMDAR  
 ID Type / ID No. NRIC NO / S1770858I  
 Home/Office  
 Mobile 91501112  
 Email  
 Date/Time of Incident From 08/08/2021 05:30  
 Date/Time of Incident To  
 Incident Location 35 AMBER ROAD THE SEA VIEW SINGAPORE 439945  
 BASEMENT 1 CARPARK

#### Brief Facts

Time of incident should be at about 0530hrs. I also wish to state that no one else was injured during the incident. That is all.

Case Sensitivity No  
 Officer-in-Charge of Case G / Bedok Police Divisional Investigation Branch /  
 RENUGA DEVI D/O CHANDRAMOHAN  
 Contact No. 68486999  
 Classification of Case 1) NO OFFENCE DISCLOSED

Joo Chiat NPP  
 No. 267 Onan Road  
 Singapore 424773  
 Tel: 1800-3459999

T19240