

# 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 .....	26/08/2021 14:14 (SGT)
Date of Accident .....	25/08/2021 14:00 (SGT)
Exact Location of Accident .....	130 Tg Rhu Rd, Singapore
Additional Location Information .....	PEBBLE BAY BASEMENT CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKZ8769X
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SITA MOTI BINWANI
NRIC No .....	SXXXX832G
Email Address .....	SITABINWANI@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-97551984
Alternative Phone No .....	(Home) +65-97551984

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Attrage
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 .....	1193

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5120493697
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SITA MOTI BINWANI
NRIC No .....	SXXXX832G

Date Of Birth .....	10/09/1945
Occupation .....	Indoor
Date Of Driving Pass .....	01/10/1979
Driving experience .....	41 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97551984
Alt. Phone Number .....	(Home) +65-97551984
Email Address .....	SITABINWANI@HOTMAIL.COM
Address .....	130 TANJONG RHU ROAD #07-12
Address complement .....	-
Postcode .....	436918
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

MY CAR SKZ8769X WAS PARKED AT THE BASEMENT CARPARK OF PEBBLE BAY WHERE I RESIDE. AT 2PM 25TH AUGUST, THE MANAGEMENT CALLED ME TO INFORM ME THAT THE OWNER OF CAR NO. SNA3118D HAD INFORMED THEM THAT HE HAD HIT MY CAR WHILE TRYING TO PARK AT THE SPACE NEXT TO MY CAR. I TOOK PICTURES OF MY CAR AND THE DAMAGE AND ALL THE DEBRIS ON THE FLOOR. I TALKED TO THE OWNER OF THE OTHER CAR WHICH WAS ALREADY PARKED IN ANOTHER SPACE. THE OWNER IS ALSO THE RESIDENT OF PEBBLE BAY. HIS NAME IS MR MANKUDE BHASKER RAO RAVI KIRAN. HE ADMITTED HIS LIABILITY. HE GAVE ME HIS IC CARD NO. AND HIS DRIVING LICENSE COPY.

#### 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 .....	SNA3118D
Vehicle Manufacturer .....	Audi
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	MANKUDE BHASKER RAO RAVI KIRAN
Passport No/FIN .....	GXXXX534R
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLANIMPORTANT 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 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:

- (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.
- (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.

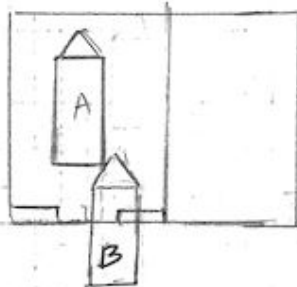
*SM Binwani 24/8/21*  
 Policyholder's Signature 12:30 pm  
 Date & Time:

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



\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Pebble Bay  
Basement car park



A = SKZ 8769X

B = SNA 8113D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car SKZ 8769X was parked at the basement carpark of Pebble Bay where I reside.

At 2 pm 25th of August, the management called me to inform me that the owner of car no SNA 8113D had informed them that he had hit my car while trying to park at the space next to my car.

I took pictures of my car and the damage and all the debris on the floor.

I talked to the owner of the other car, which was already parked in another space.

The owner is also a resident of Pebble Bay. His name is Mr. Manikude Bhasker Rao Ravi Kiran. He admitted his liability. He gave me his IC card no. and his driving license copy.

DECLARATION

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

SM Binwani 26/8/21

Policyholder's Signature  
Date & Time: 12:30 pm

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

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



























