

# 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	09/09/2021 14:02 (SGT)
Date of Accident	08/09/2021 12:50 (SGT)
Exact Location of Accident	Campbell Ln. Singapore
Additional Location Information	CAMPBELL LANE OPENPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG989P
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANANDA GANESH S/O SIVANANDAM
NRIC No	S7138791G
Email Address	sivanandam@singnet.com.sg
Mobile Phone No	(Phone) +65-94512327
Alternative Phone No	+65-94512327

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01013592
Cover Note Number	-

### DRIVER

Name of Driver	ANANDA GANESH S/O SIVANANDAM
NRIC No	S7138791G

Date Of Birth	11/10/1971
Occupation	Indoor
Date Of Driving Pass	10/12/2003
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94512327
Alt. Phone Number	+65-94512327
Email Address	sivanandam@singnet.com.sg
Address	BLK147LORONG 2 TOA PAYOH #04-342
Address complement	-
Postcode	310147
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02
Was notice of intended Prosecution given?	Singapore 319194
If yes, against whom?	No

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED.

#### 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	GBD9610K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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**

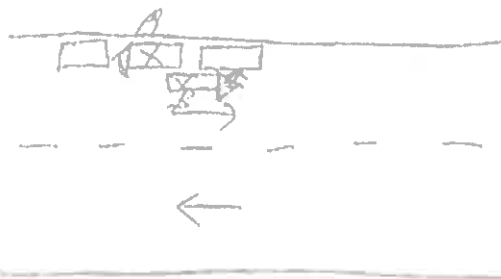
1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Authorised Driver.
  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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 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 making 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A : SF9 989P  
B : GBD 9610K

Describe Circumstances of the Accident

I parked my car at Campbell Lane and went to the market. Noticed my car is rear wheel side bruised, bad scratches & damage upon returning. As I watched my car camera video. The van came too close to my car to park in the lot next to mine. That his van caused the damage to my car. He came out of the van, noticed the damage & sped off.

Please refer to police report: H20210909/2041

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

P. 9-21

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

9-3-21

Witnessed by Reporting Centre Personnel



SOMPO Insurance Pte. Ltd.  
SOMPO Insurance Pte. Ltd.  
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### Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D20MTPV01013592  
Insured : ANANDA GANESH S/O SIVANANDAM  
Motor Vehicle (Registration No.) : SFG889P  
Coverage : Comprehensive - ExcelDrive GOLD  
Policy Commencement Date : 29 OCTOBER 2020 00:00  
Policy Expiry Date : 28 OCTOBER 2021 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$600 - Section I  
Voluntary Excess\* : N/A  
Windscreen Excess\* : S\$100.00 for each and every applicable claim  
\* Subject to GST wherever applicable

#### Persons or Classes of Persons entitled to drive\*

1. The Insured
2. Any other person who is driving on the Insured's order or with his permission
3. In the event of the death of the Insured,
  - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured, and
  - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

#### Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pari-mutuel, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

#### ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy (CI 111P 29).

Sompo Insurance Singapore Pte. Ltd.

*Signature*

Authorised Signatory

Date/Time of Issue : 04 OCTOBER 2020 16:44

#### IMPORTANT NOTICE

1. Keep the Certificate in your Motor Vehicle.
2. Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act.
3. On the sale of the Motor Vehicle or if for any reason the insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration in that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).
4. This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11A22700 & ANANDA GANESH S/O SIVANANDAM CI Code : 22A\_RJKDOO12/JKMYVEA

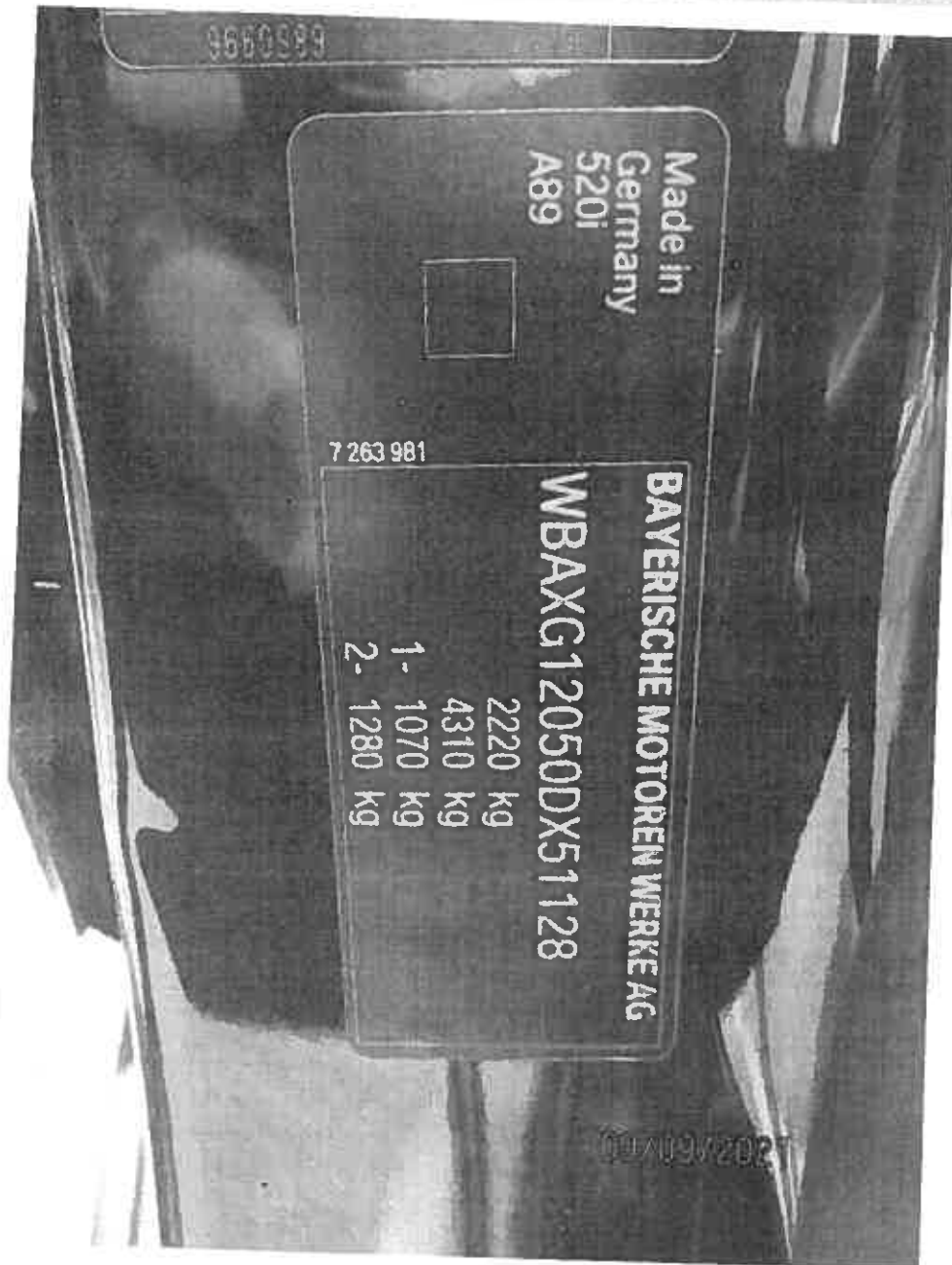














# SINGAPORE POLICE FORCE



T/20210909/2041

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3

Report No: T/20210909/2041

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2021 13:33	Video Report No.:	Station Diary No.: 60
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## Informant's Particulars

Name of Informant ANANDA GANESH S/O SIVANANDAM	Address: APT BLK 147 LORONG 2 TOA PAYOH #04-342 SINGAPORE 310147		
ID Type / ID No. NRIC NO / S7138791G	Contact No.:	Mobile: 94512327	
Nationality SINGAPORE CITIZEN	Home/Office	Email:	
Sex Male	Age 49	Date of Birth: 11/10/1971	Type of Informant: Driver
Race Indian	Language English		Institution / School Name:
Occupation Real estate agent	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: 08/09/2021 12:50	Type of Location: Car Park
Location CAMPBELL LANE				
Weather Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow Two Way		Traffic Control: Not Controlled		Traffic Volume Light
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
GBD9610K	Van					0
SFG989P	Car	BMW	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV	Blue	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210909/2041

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No T/20210909/2041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SFG989P	TENET SOMPO INSURANCE PTE. LTD	D20MTPV0101359 2	29/10/2020	28/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	ANANDA GANESH S/O SIVANANDAM	ID No.	S7138791G
Related Vehicle	SFG989P (Car)	Contact No.	94512327
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 08/09/2021 at about 1250hrs, I parked my vehicle, SFG989P at the parking lots along Campbell Lane. Subsequently, at about 1340hrs, I returned back to my vehicle and drove back home. Upon parking at the multi-storey carpark of my home, I discovered that there were damages on my vehicle left body near the rear tyre. I viewed my in-vehicle camera. I discovered that earlier on, while my vehicle was parked at Campbell Lane, one van, GDB9610K had reversed and hit onto my vehicle. The driver then came down and looked at my car. After which, the van drove off. I have reported the matter to my insurance company and I was advised to lodge a police report.



**SINGAPORE  
POLICE FORCE**



T/20210909/2041

3 of 3

Report No. T/20210909/2041

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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

E/  
Sr Staff Sgt MUHAMMAD AFIQ  
BIN SAIFUL BAHRY

Signature Of Informant.

Signature Of Interpreter:  
Not applicable

Date/Time.  
09/09/2021 13:33

Officer In Charge Of Case:

TP / HRT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476368

Classification Of Case:

Authentication Stamp  
NP168



SN 158

SIGNATURE