

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 07/10/2021 18:26 (SGT)
Date of Accident 07/10/2021 11:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information COSFORD ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT2070Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KANAPATHY SINGINATHAN
NRIC No SXXXX211C
Email Address kxsingi@singnet.com.sg
Mobile Phone No (Phone) +65-90183020
Alternative Phone No (Home) +65-90183020

VEHICLE PARTICULARS

Manufacturer BMW
Model X3
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 AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver SHAVIN .S
NRIC No SXXXX233I

Date Of Birth	06/01/1990
Occupation	Indoor
Date Of Driving Pass	14/02/2017
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97937186
Alt. Phone Number	-
Email Address	shavinspencer@gmail.com
Address	BLK 205A COMPASSVALE LANE #04-49
Address complement	-
Postcode	541205
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	DRIZZLING
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SASITHARAN S/O ASOKAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	GBL469U
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD ADLI BIN HASSAN
Contact Number	(Phone) +65-92334346
Address	389 YISHUN AVE 6 #04-1038
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLANIMPORTANT NOTICE

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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)**

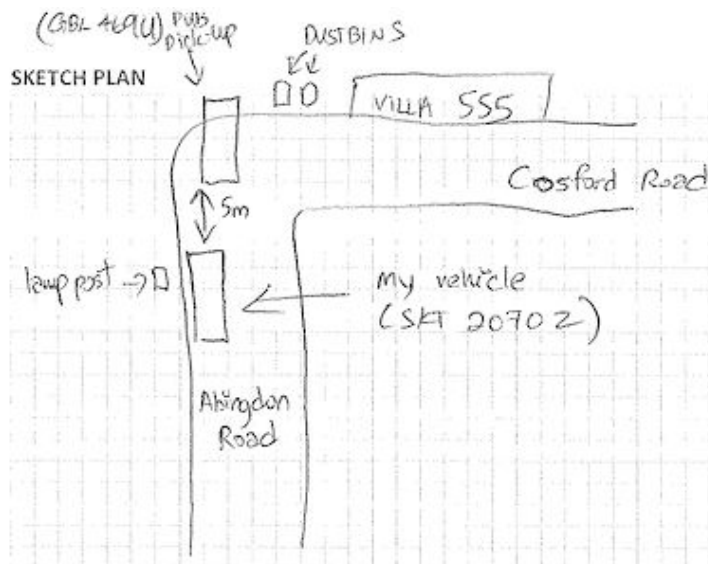
I understand, acknowledge, agree and consent that:

- (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.


 Policyholder's Signature
 Date & Time: 17/10/21 17:15 hrs


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 07/10/21 17:15 hrs


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/10/2021 at about 1140hrs, I (SKT 20702) was parked slightly to the left behind a PUB pickup truck bearing the plate number GBL 469U along the junction of Cosford Road & Abingdon Road ~~near~~ beside Villa SSS Thai restaurant. I was approximately 5 metres behind the PUB pickup truck. I had a passenger in the front seat. We were there to watch aeroplanes taking off & landing.

Suddenly, the PUB truck started to reverse and I pressed my horn numerous times. It was too late & the PUB pickup truck collided into me.

The driver of the PUB truck came out to make a check. The rear left bumper had collided with my car's right front bumper. The PUB driver then called his supervisor for instructions. He also admitted that he did not check his side mirrors & also his rear view camera and LCD screen, which led to him not knowing I was there. No one was hurt. He apologised once again and told me I could then proceed to report the incident to my insurer, who would then make a claim against PUB.

We exchanged details, took photos and videos of the scene before leaving. The vehicle suffered damage to the front right side bumper. Internal damage unknown. ~~The~~ The driver once again said he was at fault and apologised before leaving the scene.

DECLARATION

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

Policyholder's Signature
Date & Time: 7/10/21 1735hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/10/2021 1715hrs

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

















**SINGAPORE
POLICE FORCE**



T/20211007/2033

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20211007/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2021 13:52	Vide Report No.:	Station Diary No.: 51
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Informant's Particulars				
Name of Informant: SHAVIN.S			Address: APT BLK 205A COMPASSVALE LANE #04-49 SINGAPORE 541205	
ID Type / ID No.: NRIC NO / S9001233I			Contact No.: Home/Office: Mobile: 97957186	
Nationality: SINGAPORE CITIZEN			Email: shavinspencer@gmail.com	
Sex: Male	Age: 31	Date of Birth: 06/01/1990	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: MOM IO			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 07/10/2021 11:40	Type of Location:
Location: COSFORD ROAD				
Weather: Drizzling		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
GBL469U	PUB Pickup Truck	ISUZU		Multi-Colored		0
SKT2070Z	Car	BMW	X3	Gold	Slightly Damaged	1

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



**SINGAPORE
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Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20211007/2033

CONTINUATION OF REPORT

PUB Pickup Truck			
Name	MUHAMMAD ADLI BIN HASSAN	ID No.	S****154E
Related Vehicle	GBL469U (PUB Pickup Truck)	Contact No.	92334346
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SHAVIN.S	ID No.	S9001233I
Related Vehicle	SKT2070Z (Car)	Contact No.	97957186
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	SASHITHARAN S/O ASOKAN	ID No.	S9025919I
Related Vehicle	SKT2070Z (Car)	Contact No.	90607241
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/10/2021 at about 11.40am, I (SKT2070Z) was parked slightly to the left behind a PUB pickup truck bearing the plate number GBL469U along Cosford Rd and Abingdon Rd near to 555 restaurants. I was around 5 meters behind the PUB pickup truck. I was with my passenger who was seated in the front seat. We were there to view the aeroplane landing and taking off. Suddenly, the PUB pickup truck started to reverse, and I sounded my horn when it came close. I was unable to reverse due to the short period of time. As a result, the PUB pickup truck collided into me.

The PUB pickup truck stopped, and the driver came down to make a check. The PUB pickup truck left rear bumper collided onto my right front bumper. My passenger and I told the driver that we are not injured and does not required any medical assistance. The PUB driver then called his supervisor for instruction. He was then told to tell me that we can report the accident to the insurance and to claim from



**SINGAPORE
POLICE FORCE**



T/20211007/2033

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Pasir Ris N.P.C
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Report No. T/20211007/2033

CONTINUATION OF REPORT

PUB. The PUB driver also admitted to me that he did not check his rear camera and left side mirror. We then exchanged particulars, took photos and videos of the scene before leaving. No police nor ambulance were activated.

My vehicle suffered damaged on my front bumper which were dented, chipped off and my front fog light was scratched. I will send in my car to the performance motor workshop for further checks. I do not have a in car camera installed. I am unsure if there is any CCTV around the vicinity.



**SINGAPORE
POLICE FORCE**



T/20211007/2033

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Report No. T/20211007/2033


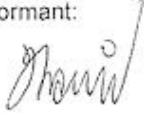
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CONTINUATION OF REPORT

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 G / Sgt 2 JOHNNY TAN KOK JOO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/10/2021 13:52
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 