

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 26/10/2021 16:46 (SGT)
Date of Accident 10/05/2021 16:09 (SGT)
Exact Location of Accident 737 Clementi West Street 2, Singapore
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJB1130Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KAJAMOHIDEEN NAGOOR MEERAN
NRIC No SXXXX961F
Email Address riabeevi@yahoo.com.sg
Mobile Phone No (Phone) +65-81885754
Alternative Phone No +65-81135722

VEHICLE PARTICULARS

Manufacturer Nissan
Model Latio
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00021232100
Cover Note Number -

DRIVER

Name of Driver SAMSUGANI BASARIA BEEVI
NRIC No SXXXX817B

Date Of Birth	07/10/1972
Occupation	Outdoor
Date Of Driving Pass	28/04/2010
Driving experience	11 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-81135722
Alt. Phone Number	-
Email Address	riabeevi@yahoo.com.sg
Address	54 WEST COAST CRESCENT #01-04
Address complement	-
Postcode	128037
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE 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	SKN3088Z
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE KHAI YANN (LI KAIYAN)
NRIC No	SXXXX987G
Contact Number	(Phone) +65-90033488
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**

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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' law yers/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**")

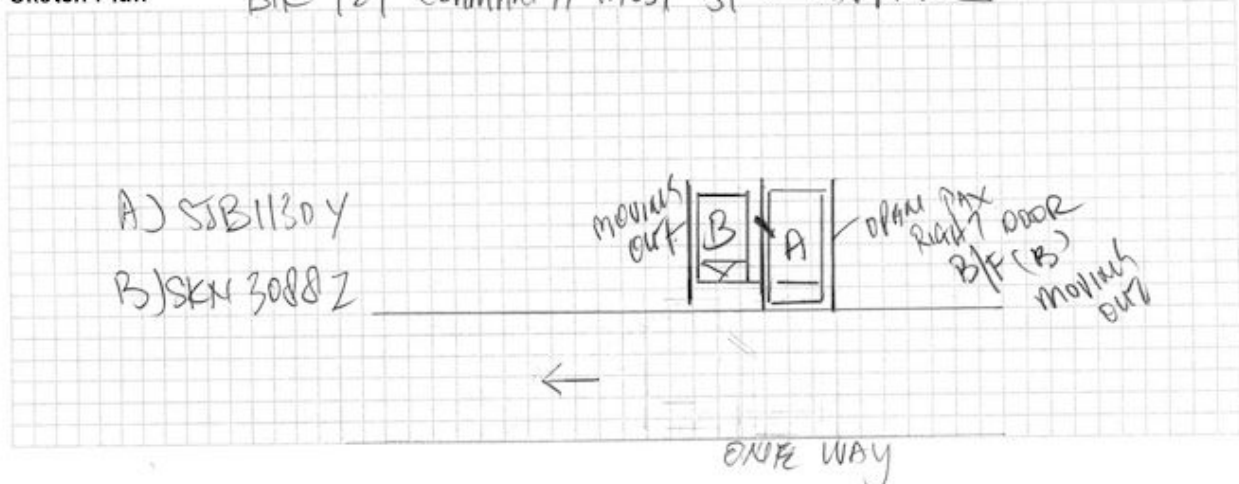
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time: 26/10/2021 Driver's Signature (if driver is not the policyholder) / Date & Time: 26/10/2021 Witnessed by Reporting Centre Personnel: 26/10/2021

Sketch Plan

BIK 727 CLAMMARTI WEST ST 2 GARAGE




Describe Circumstances of the Accident


I parked my car in the parking lot in the open carpark. During parking and after I parked and off my car engine there was no passing in the car which was already parked before me. I came out and open my passenger right door to take my documents. The door was open and I was standing and taking my documents. Suddenly I heard noise and turn and I saw the car parked next to me moving and my door was stuck in that car handle. I shouted and tapped his car to stop. He again reverse his car back to his lot to release my door from his car handle. There was a small scratch which he says was due to me but I told him before he starts his engine or start to drive, he should look at every side before he drives because I am in standing stationary position, he did not horn or indicate to me as he is going to drive his car as when I was taking my documents before opening the door I looked at all sides and no driver or passenger was there. He called the police and traffic police came and said there is no accident or injury so they told us to settle among us and left the scene.

Declaration

We declare the foregoing particulars are true in every respect.

 26/10/2021
Policyholder's Signature / Date & Time

 26/10/21
Driver's Signature (If driver is not the policyholder) / Date & Time

 26/10/2021
Witnessed by Reporting Centre Personnel









