

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	29/10/2021 15:00 (SGT)
Date of Accident	28/10/2021 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 157 ANG MO KIO AVENUE 4 OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4077X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Company Reg No	2XXXXXX271R
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-98268590
Alternative Phone No	(Office) +65-98268590

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2754

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-21097524MFCV/119
Cover Note Number	-

DRIVER

Name of Driver	RAMASAMY ANANDKUMAR
Passport No/FIN	GXXXX868L

Date Of Birth	24/09/1994
Occupation	Outdoor
Date Of Driving Pass	02/01/2018
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98268590
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	21 JALAN MASJID
Address complement	-
Postcode	418946
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO T/20211029/2021.

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	YP5862R
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

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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 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

BLK 157 Ang Mo Kio Ave 4 open space carpark



A GBK 4077X

B YP 5862K

Describe Circumstances of the Accident

See Attached

Refer to police report - T/2021/029/2021.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ON 28.10.2021 AT ABOUT 11.30 AM , I PARK MY VEHICLE AT BLK 157 ANG MO KIO AVE 4 CARPARK NO A78 AND LEFT TO DO MY WORK. LATER I COME BACK AND NOTICED SOME DAMAGES ON THE RIGHT SIDE OF MY VAN . SO I REPORTED TO CARPARK MANAGEMENT. WE SAW FROM THE CCTV FOOTAGE THAT A BLUE COLOUR LORRY HAVING A LICENSE PLATE YP5862R WAS TRYING TO REVERSE AND PARK IN THE LOT NEXT TO ME AND HIT MY VAN WHILE VAN WAS STATIONARY. I AM LODGING THIS REPORT TO CLAIM THE LORRY FOR MY DAMAGES .

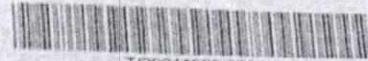
R. ANAND KUMAR

R. 



SINGAPORE POLICE FORCE

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999



T/20211029/2021

1 of 3

Report No: T/20211029/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/10/2021 11:44

Video Report No.:

Station Diary No.:
51

Informant's Particulars

Name of Informant: RAMASAMY ANANDKUMAR			Address:		
ID Type / ID No.: FIN NO / G2627868L			Contact No.: Home/Office: Mobile: 98268590		
Nationality: INDIAN			Email: ak1126866@gmail.com		
Sex: Male	Age: 27	Date of Birth: 24/09/1994	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 2B,3		Date of Expiry: 08/11/2022

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/10/2021 11:55	Type of Location: Car Park
Location: ANG MO KIO AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK4077X	Van				Slightly Damaged	0
YP5862R	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20211029/2021

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20211029/2021

CONTINUATION OF REPORT

Brief Details.

On 28/10/2021, at about 1130hrs, I parked my Van at Blk 157 Ang Mo Kio Avenue 4 Carpark at the loading and unloading carpark lot.

At about 1350hrs, when I came back to my van, I noticed that there was a huge scratch and dent at the right side of the Van. I was working for Secure Parking Singapore Pte Ltd hence I asked them to assist to view the CCTV footage of the carpark gantry.

It was discovered that at about 1155hrs, there was a blue lorry that reversed into my van when he was parking, causing the damage to the right side of my van. He did not leave any particulars to contact him at. The detail of the lorry is YP5862R as seen from the CCTV at the gantry.

Report No. T/20211029/2021



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rocher N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20211029/2021

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Report No. T/20211029/2021

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
A/

Sgt 3 SHAWN ANG YI XIANG

Signature Of Informant:

R. K.

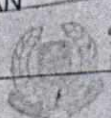
Signature Of Interpreter:
Not applicable

Date/Time:
29/10/2021 11:44

Officer In Charge Of Case:
TP / HRT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476368

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28 / 10 / 2021 (dd/mm/yy) Time of Accident: 13 : 50 (24-HR-FORMAT)

Vehicle No.: GBK4077X Vehicle Make & Model: TOYOTA HIACE

*Transmission : ☒ Manual ☐ Auto *C.c : 2754

Exact location of Accident: BLK 157 ANG MO KIO AVENUE 4 OPEN SPACE CARPARK

Policyholder's Name: SIANG HOCK CAR RENTAL PTE LTD NRIC/FIN/REG No.: 201538271R

*Policyholder's email address : REPORTING@MYCAR.SG

Driver's Name: RAMASAMY ANANDKUMAR NRIC/FIN/REG No.: G2627868L

*Driver's email address : REPORTING@MYCAR.SG

Driver's Contact No.: 98268590 Company Contact No (If any): _____

Date of birth: 24/09/1994 Driving Pass Date: 02/01/2018

Driver's Address: 21 JALAN MASJID, SINGAPORE (418946)

Insurance Company: FIRST CAPITAL

Policy No.: D-21097524MFCV/119 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hire or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other HIT & RUN

Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / Including Driver): 0

*Passenger Name: _____ Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain : _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: ROCHOR NPC

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: YP5862R

Driver's Contact No: _____ Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy: COMMERCIAL VEHICLE - FLEET
Type of Cover: Comprehensive
Certificate No: D-21097524MFCV/119
Vehicle No / Chassis No: GBK4077X / GDH2011042536
Name of Insured: SIANG HOCK CAR RENTAL PTE LTD
Period Of Insurance: 01.04.2021 To 31.03.2022
Insured Estimated Value: Market Value At Time Of Loss
Financial Institution: THINK ONE CREDIT PTE LTD
Authorised Driver*
ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

- (1) Whilst the vehicle is being used in connection with the Insured's business:-
 - (a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-
 - (a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess: S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)
S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)
S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess: S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)
S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)
S\$2,000.00 on Section I & II separately (for Staff)

* 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.

Limitations as to use*

Use in connection with the Insured's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
Use for social, domestic and pleasure purposes.

The Policy does not cover:-

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited
(Approved Insurers)

LILIA/D0067/MZ301A9

Issued at Singapore on 01.04.2021

Authorised Signature