

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 02/11/2021 14:15 (SGT)
Date of Accident 29/10/2021 16:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 658 YISHUN AVE 4 CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFG1430C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KARAM SINGH
NRIC No S1115128J
Email Address hardipsteve2104@gmail.com
Mobile Phone No (Phone) +65-90563032
Alternative Phone No +65-90563032

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sunny
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 1597

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D19MPC0001058-02
Cover Note Number 05/03/21 - 04/03/22

DRIVER

Name of Driver KARAM SINGH
NRIC No S1115128J

| | |
|--|------------------------------|
| Date Of Birth | 23/02/1955 |
| Occupation | Indoor |
| Date Of Driving Pass | 12/07/1974 |
| Driving experience | 47 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90563032 |
| Alt. Phone Number | +65-90563032 |
| Email Address | hardipsteve2104@gmail.com |
| Address | BLK 627 YISHUN ST. 61 #09-75 |
| Address complement | - |
| Postcode | 760627 |
| 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 | Collided into Parked Vehicle |
| 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? | Yes |
| Police Station Name | Yishun South Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008522999 |
| Alt. Police Station Phone No | (Fax) +65-68522239 |
| Police Station Address | 32 Yishun Street 81 Singapore 768456 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

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 | SMW8247C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |


| | |
|---|----------------------|
| Name of Driver | - |
| Contact Number | (Phone) +65-86694630 |
| 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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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' 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.

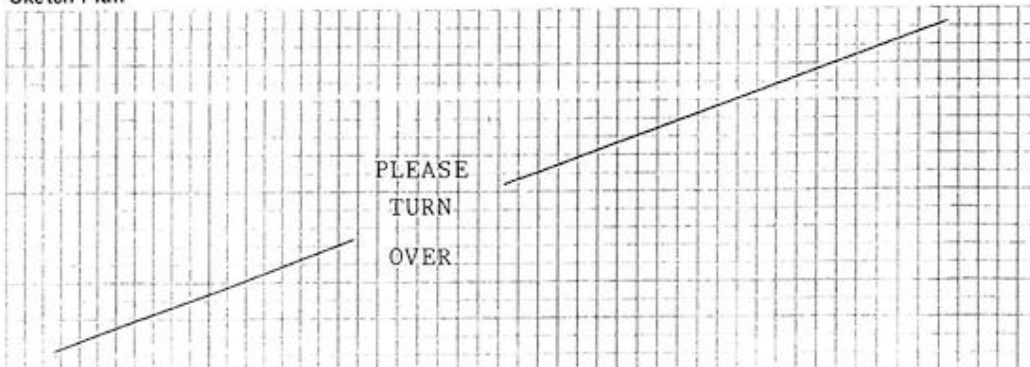
1. VEHICLE NO.: SFG 1430C
2. INSURER CO: India
3. ACCIDENT
DATE & TIME: 29/10/21 @ 16:45


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

(45)

Sketch Plan



PLEASE
TURN
OVER



















**SINGAPORE
POLICE FORCE**



T/20211030/2016

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20211030/2016

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 30/10/2021 10:20 | Vide Report No.: | Station Diary No.: 21 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|--|------------------------------|
| Name of Informant: KARAM SINGH | | Address: APT BLK 627 YISHUN STREET 61 #09-75 SINGAPORE 760627 | |
| ID Type / ID No.: NRIC NO / S1115128J | | Contact No.: Home/Office: Mobile: 90563032 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 66 | Date of Birth: 23/02/1955 | Type of Informant: Driver |
| Race: Sikh | | Language: | Institution / School Name: |
| Occupation: Retiree | | Driving Licence Information: Class: 2B,3 Date of Expiry: | |

| General Information of the Accident | | | | |
|---|----------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 29/10/2021 16:45 | Type of Location: Car Park |
| Location: YISHUN AVENUE 4 | | | | |
| Weather: Clear | | 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 |
| SFG1430C | Car | NISSAN | SUNNY 1.6EXA | Red | Slightly Damaged | 0 |
| SMW8247C | Car | VOLKSWAGO N | GOLF 1.4 TSI CL RL | Blue | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | | |
|------------------------------|---------------------------------------|------------------|------------|-------------|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | |
| SFG1430C | INDIA INTERNATIONAL INSURANCE PTE LTD | D19MPC0001058_02 | 05/03/2021 | 04/03/2022 | |



**SINGAPORE
POLICE FORCE**



T/20211030/2016

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20211030/2016

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------|--|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | KARAM SINGH | ID No. | S1115128J |
| Related Vehicle | SFG1430C (Car) | Contact No. | 90563032 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,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 29/10/2021 at about 1645hrs, I was at Blk 658 Yishun Carpark performing a reverse parking when the left rear bumper of my vehicle (SFG1430C) had sideswiped with the front right bumper of a parked vehicle (SMW8247C) parked at an unknown lot number (handicap lot). After I had heard the sound that my vehicle had sideswiped the parked vehicle, I quickly realigned my vehicle to perform a proper parking. I was then approached by the owner of the vehicle and we managed to exchange particulars. I observed that both my vehicle and the parked vehicle sustained slight scratches on the left rear bumper and the front right bumper of our vehicles respectively.

I wish to state that there were no injuries sustained during the accident. I do not have any in-car camera installed in my vehicle. I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20211030/2016

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20211030/2016

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 L / Sgt 2 CHONG WAN HONG | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 30/10/2021 10:20 |
| Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151 | Classification Of Case: |
| Authentication Stamp NP168 | SN 085 |
|   | |
|   | |
| Singapore Police Force | |