

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 30/12/2021 17:30 (SGT)
Date of Accident 30/12/2021 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information BREADTALK IHQ MALL MULTISTOREY CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGY6179P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SANTHIRAMOCAN S/O N SINNAYAH
NRIC No SXXXX767I
Email Address arasan@era.com.sg
Mobile Phone No (Phone) +65-83044338
Alternative Phone No +65-83044338

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Evo
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 Manual
CC 1997

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00205982104
Cover Note Number -

DRIVER

Name of Driver THUNAIYARASAN
NRIC No SXXXX847B

Date Of Birth	20/03/1982
Occupation	Outdoor
Date Of Driving Pass	10/10/2003
Driving experience	18 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93850963
Alt. Phone Number	-
Email Address	arasan@era.com.sg
Address	APT BLK 1 ST. GEORGE'S ROAD
Address complement	#02-33
Postcode	320001
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	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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

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	SBB190A
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN HOON CHOO
NRIC No	SXXXX686E
Contact Number	(Phone) +65-96620036
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name ERIC
Phone (Phone) +65-98288825
Email -

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

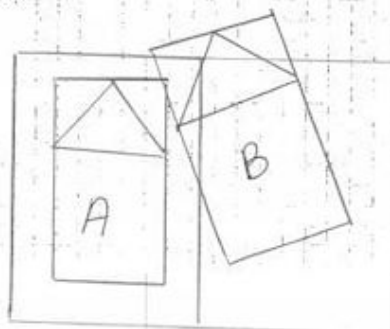
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SGY 6179P

B = SBB 190A

Breadtalk IQ Mall
Multistorey Carpark

Describe Circumstances of the Accident

outside
~~outside~~

My vehicle was parked inside the carpark and i was standing next to my car on the left hand side talking to my friend. ~~Initially~~ Vehicle B driver try to ~~drive~~ drive out her car from the carpark turning left and accidentally sideswipe to my right side front portion vehicle. We exchange particulars, and she admitted her mistake in the Whatsapp ~~form~~ conversation with me.

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











