

ASS. FILE BY:

1. *Journal of the American Medical Association* 1997; 278: 1111-1116.



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	17/01/2022 11:21 (SGT)
Date of Accident	15/01/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 153 SERANGOON NORTH AVENUE 1 OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR8182G
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PERUMAL S/O PALA SUBRAMANIAM
NRIC No	S8535103F
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-82981936
Alternative Phone No	+65-82981936

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1317

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00264692100
Cover Note Number	-

DRIVER

Name of Driver	PERUMAL S/O PALA SUBRAMANIAM
----------------	------------------------------



NRIC No	S8535103F
Date Of Birth	30/10/1985
Occupation	Indoor
Date Of Driving Pass	16/02/2012
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82981936
Alt. Phone Number	+65-82981936
Email Address	abc8627e@gmail.com
Address	BLK 298D COMPASSVALE STREET
Address complement	#07-48
Postcode	544298
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NIRAV VELAAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220115/7028

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	GBC2858P
-----------------------------------	----------

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**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 willful 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. 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' 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

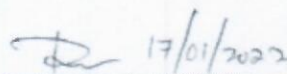
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

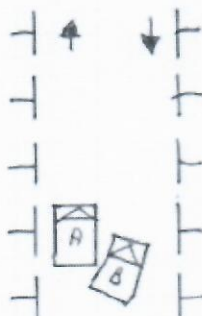
Sketch Plan

Vol A: SMR8182G

Vol B: GBC 2858P

Blk 153 Serangoon North

Avenue 1 open space carpark



Describe Circumstances of the Accident

Describe Circumstances of the Accident

1

Refer

TO

Police


7/2020115/7028

Refer

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



**SINGAPORE
POLICE FORCE**



T/20220115/7028

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20220115/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2022 18:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PERUMAL S/O PALA SUBRAMANIAM			Address: 298D COMPASSVALE STREET #07-48 SINGAPORE 544298		
ID Type / ID No.: NRIC NO / S8535103F			Contact No.: Home/Office:		Mobile: 82981936
Nationality: SINGAPORE CITIZEN			Email: PERUMAL316@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 30/10/1985	Type of Informant: Vehicle Owner		
Race: Indian			Language: English		Institution / School Name:
Occupation: Cyber Security Analyst			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/01/2022 12:00	Type of Location: Car Park
Location: SERANGOON NORTH AVENUE 1				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 15 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Stationary Vehicle - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMR8182G	Car	HONDA	Honda Fit	Red	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR8182G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002646 92100	25/12/2021	22/01/2023



**SINGAPORE
POLICE FORCE**



T/20220115/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20220115/7028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	PERUMAL S/O PALA SUBRAMANIAM	ID No.	S8535103F
Related Vehicle	NIL	Contact No.	82981936
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was in a stationary vehicle with my kid waiting for parking space in the car park @ 153 Serangoon North Avenue 1 with hazard light on. A mini lorry like vehicle with the vehicle number GBC2858P, came from behind and swiped my vehicle's right side at the back. The vehicle moved off without stopping to exchange details even though I was signaling for it to stop. Video recordings from my front and back in-car camera is available as evidence.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220115/7028

3 of 3

Report No. T/20220115/7028

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
NEO ZHI YUAN
Contact No.: 65476079

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/01/2022 18:37

Classification Of Case:

NP158