VERSION: 1 (17/01/2022 11:21 (SGT))



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 witholding of material facts may allow insurance companies to repudiate 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of witholding of material facts may allow insurance companies to reputial 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 Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00264692100 Cover Note Number

1317

DRIVER

CC

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 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? 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **NIRAV VELAAN** Gender 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	<u>-</u>
Vehicle Colour	<u>-</u>
Vehicle Category	Commercial vehicle
Name of Driver	<u>-</u>
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. Rease 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 &

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

Witnessed by Reporting Centre Personnel

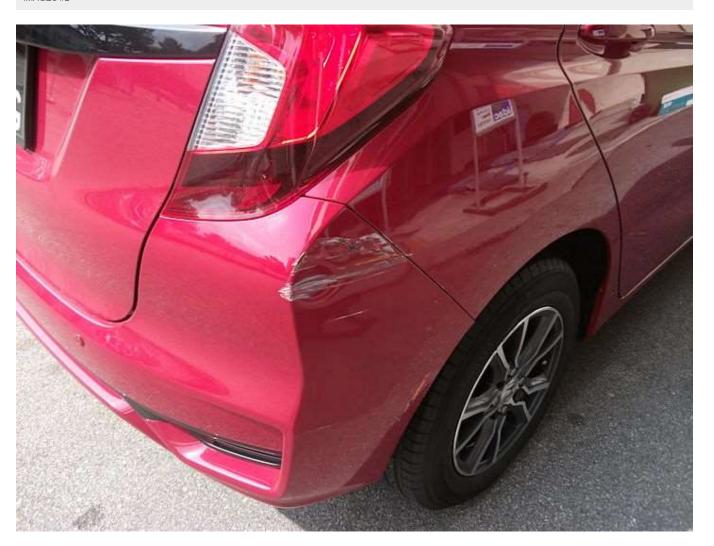
Sketch Plan

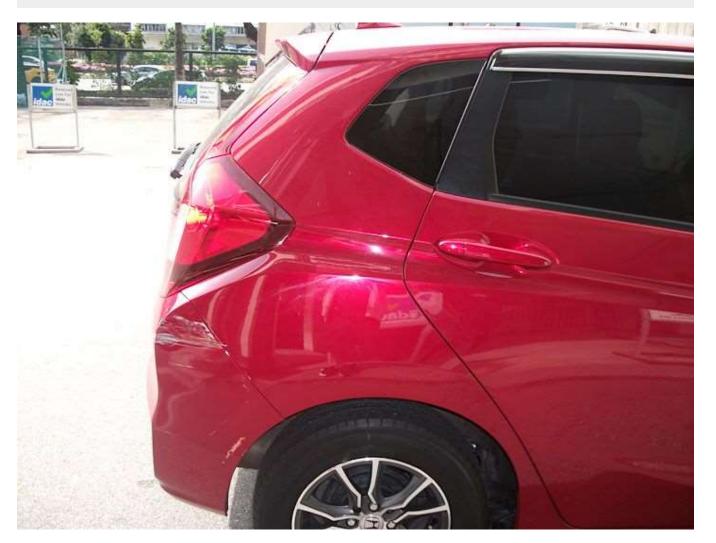
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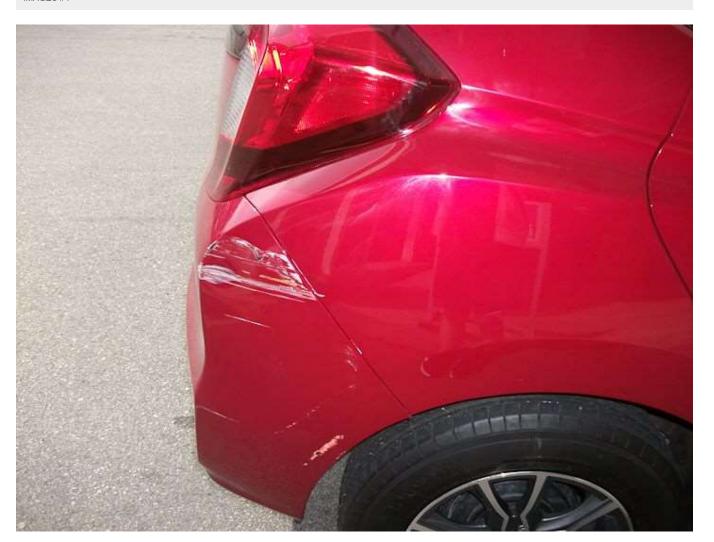
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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 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.:	
Informa	nt's Partic	ulars			
	Informant: AL S/O PAI MANIAM		Address: 298D COMPASSVALE STREET #07-48 SINGAPOR		
ID Type NRIC NO	/ ID No.: D / S85351	03F	Contact No.: Home/Office:	Mobile: 82981936	
National SINGAP	ty: ORE CITIZ	EN	Email: PERUMAL316@GMAI	IL.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 Inform Class:	ation: Date of Expiry:		

	Mon Injune		Data/Time of	Tues of Leasting
Type of Accident:	Non-Injury Drink Date/Time of Accident: No 15/01/2022 12:		The State of the S	Type of Location Car Park
Location:		(Manusales)		
SERANGOOI	N NORTH AVENUE 1			
111		Ph. 1 Ph. 2		
Weather: Sunny		Road Surface; Dry		Road Speed Limit: 15 Km/h
Harry Company		Significance in page 19 metabolish 2000	1	

Vehicle No.	Туре	Make	Model	Color	Conditio	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	



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 Perso	n Involved	ALM PARTY				
Any Pedestrian I	nvolved: No		.03			
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Vehicle Owner		2169119				
Name	PERUMAL S/O PALA SUBRAMANIAM		ID N	0.	S8535103F	
Related Vehicle	NIL			Con	tact No.	82981936
Hospital/Clinic	NIL		Clas Drivi Lice Expi	ng nce &	Class: NIL Date of Expiry: NIL	
Date	NIL Date		Date		NIL	//
No. of Days gran	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 incar camera is available as evidence.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220115/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2022 18:37
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
NP168	