

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 26/01/2022 10:38 (SGT)
Date of Accident 25/01/2022 16:30 (SGT)
Exact Location of Accident 251 Upper E Coast Rd, Singapore 466404
Additional Location Information ESSO
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG8343C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GURDEEP KAUR
NRIC No SXXXX578G
Email Address marqsurin@gmail.com
Mobile Phone No (Phone) +65-97876343
Alternative Phone No +65-97876343

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage -
Fleet Policy No
Policy Number DMPCSNW00134622103
Cover Note Number -

DRIVER

Name of Driver SURINDER S PRASHAD
NRIC No SXXXX181G

Date Of Birth	28/12/1961
Occupation	Outdoor
Date Of Driving Pass	23/06/1979
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97876343
Alt. Phone Number	-
Email Address	allan8514@yahoo.com
Address	34 BAYSHORE ROAD
Address complement	#03-01
Postcode	469976
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220125/2103

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	SMU1384X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	GAZALI BIN SUKOR
NRIC No	SXXXX064Z
Contact Number	(Phone) +65-96812443
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

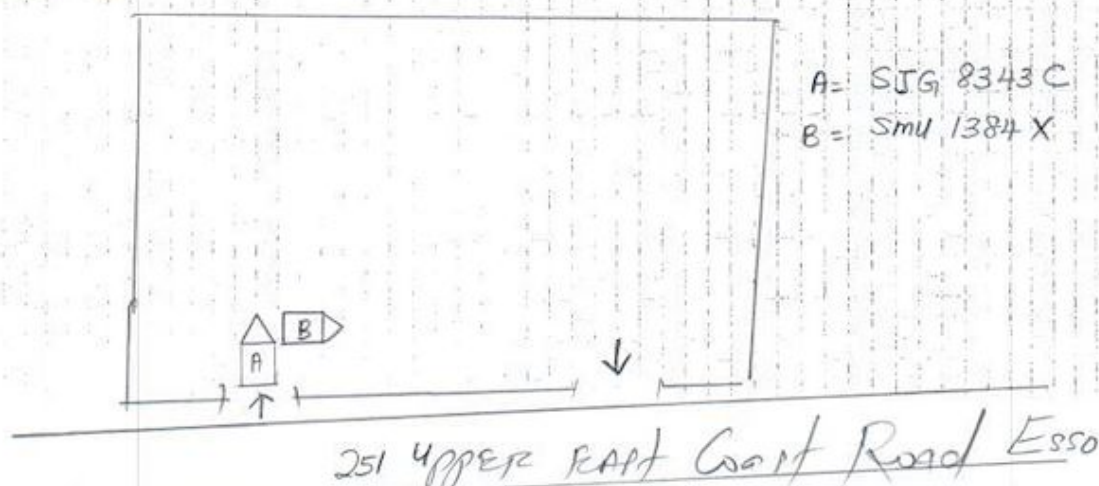
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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.
 - (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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

— Refer to the ^{Police} report : T/20220125/2103 —

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







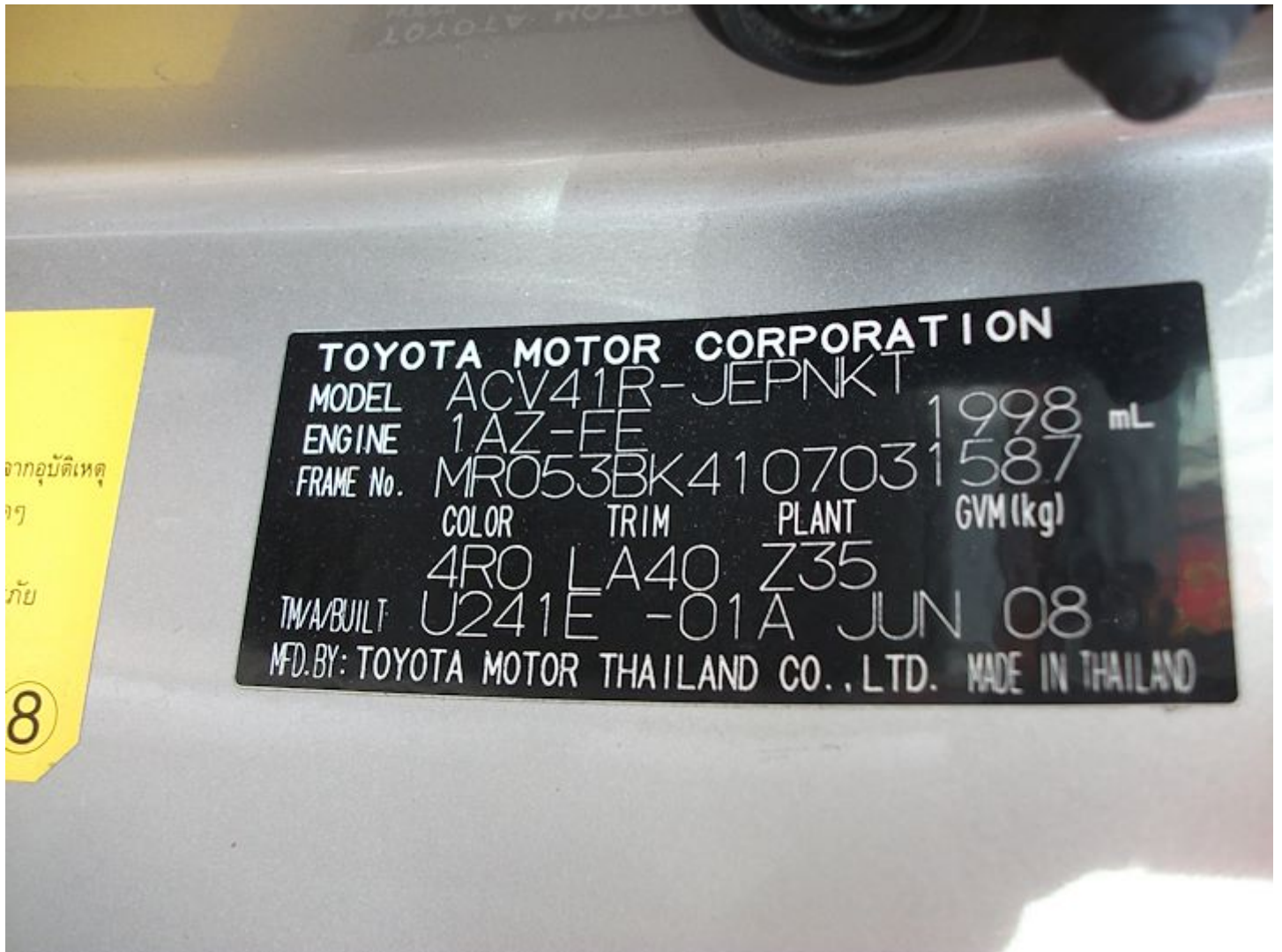














SINGAPORE POLICE FORCE



T/20220125/2103

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20220125/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2022 17:50		Vide Report No.:		Station Diary No.: 58
Informant's Particulars				
Name of Informant: SURINDER S PRASHAD		Address: 34 BAYSHORE ROAD #03-01 SINGAPORE 469976		
ID Type / ID No.: NRIC NO / S1516181G		Contact No.: Home/Office: Mobile: 97876343		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 60	Date of Birth: 28/12/1961	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Self-employed		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2022 16:30	Type of Location: Petrol Station
Location: UPPER EAST COAST ROAD				
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 - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG8343C	Car	TOYOTA		Beige	Slightly Damaged	0
SMU1384X	Car	TOYOTA		Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20220125/2103

CONTINUATION OF REPORT

Driver			
Name	SURINDER S PRASHAD		ID No. S1516181G
Related Vehicle	SJG8343C (Car)		Contact No. 97876343
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Gazali Bin Sukor		ID No. S7630064Z
Related Vehicle	SMU1384X (Car)		Contact No. 96812443
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/01/2022 at about 1630hrs, I was driving my car (SJG8343C, Biege Colour, Toyota) into 251 Upper East Coast Road Esso and there was another car (SMU1384X, Black Colour, Toyota) in front of me entering the ESSO too. When he entered, he made a right turn and suddenly he reversed and collided onto my car. His right rear bumper hit onto my right front bumper. Due to the collision, my right headlight was cracked, and the right bumper area was misaligned.

The driver who hit me explained that he was parking his car as such he reversed right after entering the station and turning right. However, the driver did not signal his intention to reverse. I did notice him reversing and he was reversing fast. Hence, I was not able to react fast and safely. I could not reverse to evade the collision with the limited amount of time and it was unsafe to do so as behind my vehicle is facing along the main road of Upper East Coast Road.

From the accident, my car has no in-car camera. However, there is CCTV at the petrol station. The driver and I have exchanged our particulars before driving off. No one was injured. Our cars were still able to drive off.

I am lodging this report for insurance claim and I require the report for ESSO to assist me with viewing their CCTV footage.



**SINGAPORE
POLICE FORCE**

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Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20220125/2103

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Report No. T/20220125/2103

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
G /
Sgt 2 TAN YIK PING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/01/2022 17:50

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE