

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	06/04/2022 17:22 (SGT)
Date of Accident	05/04/2022 23:45 (SGT)
Exact Location of Accident	649A Woodlands Ring Rd, Singapore 731649
Additional Location Information	BLK 649A WOODLANDS RING MSCP 3B LOT 175
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5802Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PURUSHOTHAMAN EZHIL
NRIC No	SXXXX461F
Email Address	ABC8627E@GMAIL.COM
Mobile Phone No	(Phone) +65-96525770
Alternative Phone No	(Home) +65-96525770

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5125792659
Cover Note Number	-

DRIVER

Name of Driver	PURUSHOTHAMAN EZHIL
NRIC No	SXXXX461F

Date Of Birth	06/04/1971
Occupation	Indoor
Date Of Driving Pass	12/12/1997
Driving experience	24 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96525770
Alt. Phone Number	(Home) +65-96525770
Email Address	ABC8627E@GMAIL.COM
Address	BLK 649 WOODLANDS RING ROAD
Address complement	#04-446
Postcode	730649
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	Hit and run / Vandalism / Damaged whilst parked
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

REFER TO SKETCH PLAN 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	SMK3125S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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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' 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.
- (collectively the "Purposes")


(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



Vehicle: SLA5802Y
Vehicle: SMK3125S

Describe Circumstances of the Accident

Handwritten notes in the sketch plan area:

- At fault
- to
- net

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date &
Time

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

[Signature]
Witnessed by Reporting Centre

Stamp: **BERNIN SERVICE PT. LTD.**
Co. Reg. No. 201319665G

ON THE STATED DATE AND TIME. I, VEHICLE A (SLA5802Y) WAS PARKED STATIONARY ON BLOCK 649A WOODLANDS RING MSCP 3B LOT 175. WHEN MY SON WENT TO MY CAR ON 06.04.2022 1:15AM HE SAW THE FRONT LEFT PORTION OF MY CAR WAS DAMAGE AND THERE'S A NOTES LEFT ON MY WINDSCREEN. THEREFORE MY SON CALLED THE NUMBER GIVEN ON THE NOTES THE 3RD PARTY ADMITTED THAT SHE HAD COLLIDED ONTO MY STATIONARY VEHICLE.

VEHICLE A : SLA5802Y

VEHICLE B : SMK3125S

