SP0P225V0001 / PREMIUM AUTOCARE CENTRE [159938] ENTRY DATE & TIME: 31/05/2022 14:54 (SGT) SUBMITTED BY: WONG KHONG SENG VERSION: 1 (31/05/2022 14:54 (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 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.

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   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 31/05/2022 14:54 (SGT) Date of Accident 29/05/2022 11:00 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Audi

1000

Vehicle Registration Number SMS3511T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SARAVANAN GOPINATHAN NRIC No SXXXX651H Email Address SAMUELSANTOSH89@GMAIL.COM Mobile Phone No (Phone) +65-96778925 Alternative Phone No (Office) +65-96778925

# VEHICLE PARTICULARS

Manufacturer

Model A3 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

## **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5116646297-01 Cover Note Number

DRIVER

Name of Driver SAMUEL SANTOSH GOPINATHAN NRIC No SXXXX693C

Date Of Birth 08/01/1989 Occupation Indoor Date Of Driving Pass 01/03/2012 Driving experience 10 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96778925 Alt. Phone Number Email Address SAMUELSANTOSH89@GMAIL.COM Address **61 NAMLY AVENUE** Address complement Postcode 267631 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Collision - Change/cross lane 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? 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? Nο PASSENGER 1 Name **MELANIE MUTTITT** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Bukit Timah Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004629999 Alt. Police Station Phone No (Fax) +65-64628933 Police Station Address 1 Duke Road Singapore 268914 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE SKETCH PLAN & ACCIDENT 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** 

GBC4889L

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	LOW KHIM YONG
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

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- 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)

Lunderstand, 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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.

S. Capinathan 31/5/22 Policyholder's Signature / Date & Time /2.00

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

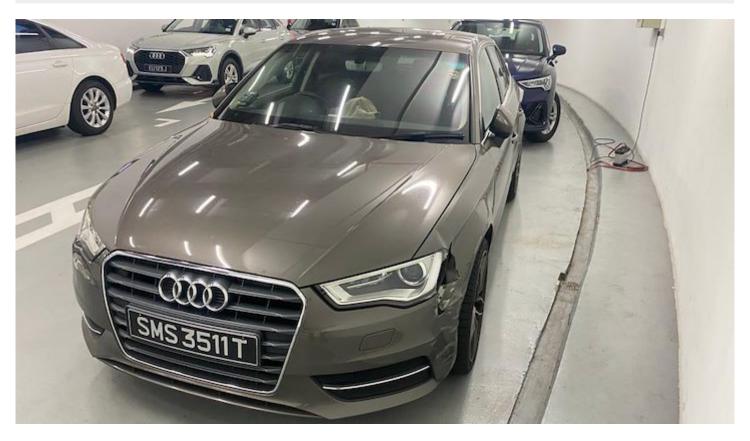
Witnessed by Re ersonnel

Sketch Plan

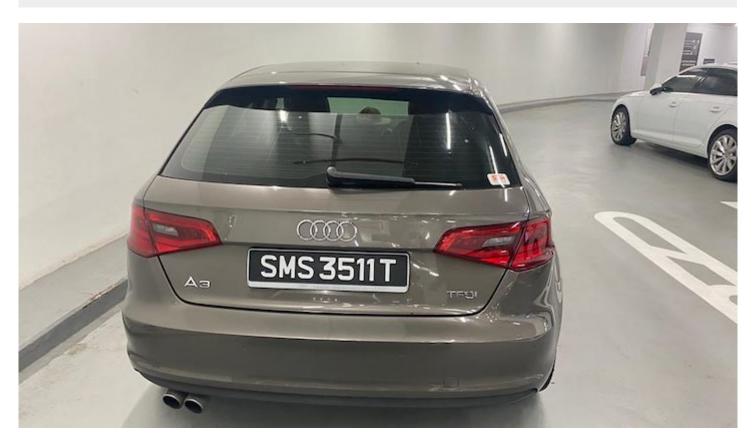
A- SMS3511T 5- GBC4889L

orting Centre

Please	refer to	the sketi	ch plun	& police	report.			
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Declarati	on							
We declar	e the foregoing parti	culars are true in	n every respect					
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	r's Signature / Date &		Signature (If drive	er is not the po	licyholder) / Date	Witnessed Personnel	by Reporting Cer	ntre
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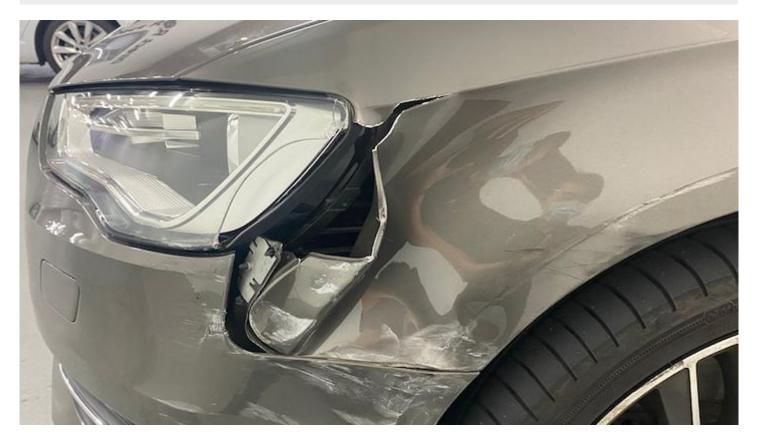
















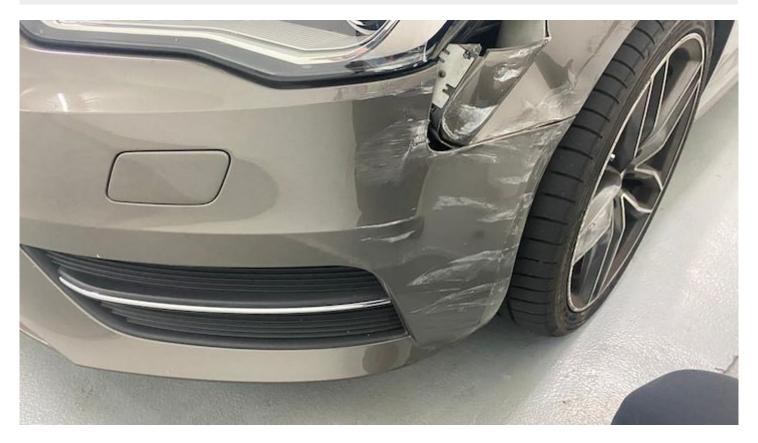




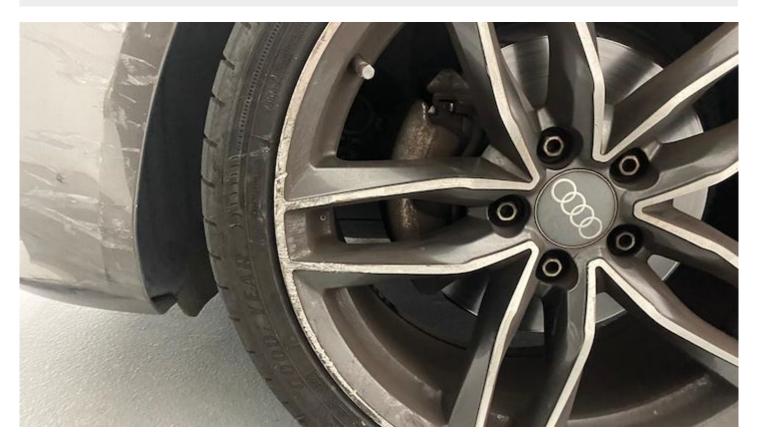










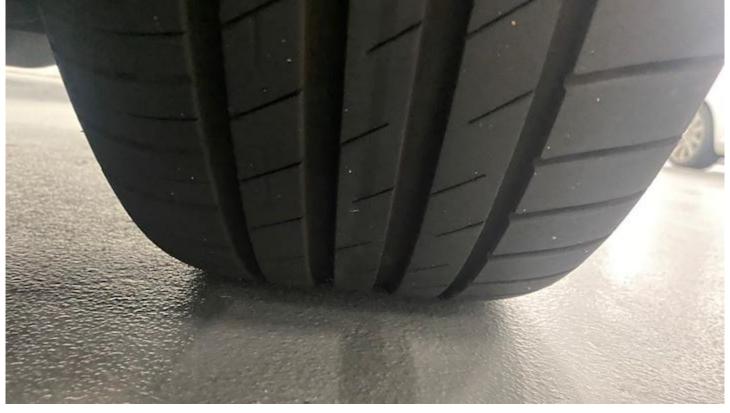


















CONFIDENTIAL
NOTICE OF REPORTING  Annex E
This is to confirm that Samuel Santosh Gopinathan, NRIC/FIN S8947693C, has reported to the Police a non-injury traffic accident which occurred at AYE towards Changi before Alexandra Exit
on 29/05/2022 at 1100hrs involving the following vehicles:
V1) SMS3511T (Informant) V2) GBC4889L
Facts:
On the abovementioned date at the abovementioned time, I was driving my car (SMS3511T) in the middle lane along AYE towards Changi. Before Alexandra exit one vehicle was stationery on the extreme left lane. Thus, the van (GBC4889L) which was behind the stationery vehicle was unable to stop in time. The driver of the van jam brake and swerved onto my lane. The collision caused my car to sustain dents on the front left bumper. My front left headlight had some crack and scratches. The left front passenger door is not functionable.
Both the driver of the van and I stopped along the road shoulder and exchanged particulars. No one was injured and no government property was damaged.
We agreed to settle payment using insurance. I am lodging this for record purposes.
2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.
Rank/Name of Issuing Officer: Sgt(3)Yuvarani
Date: 29/05/2022 Time: 1216 hrs
S/D Ref:13
Police Post/Unit: Bukit Timah NPC / Tanglin Police Division