

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	13/06/2022 18:43 (SGT)
Date of Accident	11/06/2022 15:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 331 AMK AVE 1 OSCF
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW9449E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ISWARAN S/O PANNEER SELVAM
NRIC No	SXXXX755F
Email Address	issacpanneer7@gmail.com
Mobile Phone No	(Phone) +65-98505076
Alternative Phone No	+65-98505076

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1796

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00086122100
Cover Note Number	27/04/2021 - 16/08/2022

DRIVER

Name of Driver	ISWARAN S/O PANNEER SELVAM
NRIC No	SXXXX755F

Date Of Birth	11/10/1975
Occupation	Indoor
Date Of Driving Pass	02/07/1998
Driving experience	23 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98505076
Alt. Phone Number	+65-98505076
Email Address	issacpanneer7@gmail.com
Address	BLK 331 ANG MO KIO AVE 1 #02-1847
Address complement	-
Postcode	560331
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 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

Vehicle Registration Number	GBL7019P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG CHOON HUA
Contact Number	(Phone) +65-81003030
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

1. VEHICLE NO.: SUNW 9449E
 2. INSURER CO.: China
 3. ACCIDENT DATE & TIME: 11/06/22 @ 1535

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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' 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.

[Signature]

Policyholder's Signature / Date & Time
13/06/2022

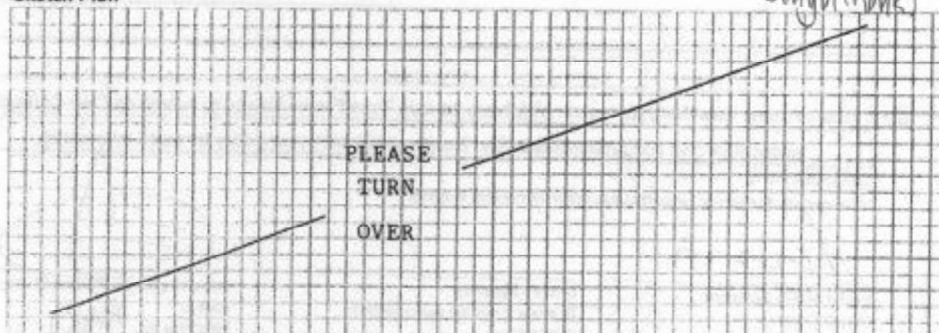
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

Witnessed By Reporting Centre Personnel

13/06/22

Sketch Plan



Sketch Plan

A: SMW9449E
 (parked, no one in
 vehicle)
 TP Veh: GBL 7019P
 Mr Ng (Ngon Hua)
 8100 3030
 Location: BIK 331
 AMK Ave OSC

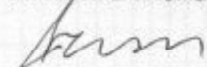

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SMW9449E (China)
 Date & Time: 11/06/2022 @ 1535 (clear day)
 I park my car at the carpark on 11/06/2022 @ 1500 & went home.
 On 12/06/2022 @ 1700, went to collect my parked vehicle and
 saw a note on the front windscreen glass. Gave other driver a call
 and was informed that he had accidentally hit onto my parked
 vehicle and agreed to leave it to his insurance. That's all.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/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: _____
 Reporting Centre Personnel's Signature: 
 Name: (AMK)
 NRIC/FIN No.: _____
☐ Claim Own Policy ☒ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()