

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	25/07/2022 15:13 (SGT)
Reported by	Both
Date of Accident	23/07/2022 15:40 (SGT)
Exact Location of Accident	Race Course Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF7629T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MABLE D/O CHANDRASEGARAN
NRIC No	SXXXX114A
Email Address	brian.kishore21@gmail.com
Mobile Phone No	(Phone) +65-97620812
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E 200CGI
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	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01011385

DRIVER

Name of Driver	BRYAN KISHORE S/O ARUL VANNAN
NRIC No	TXXXX661I
Date Of Birth	12/02/2000
Occupation	Indoor

Date Of Driving Pass	17/06/2021
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97620812
Alt. Phone Number	-
Email Address	brian.kishore21@gmail.com
Address	BLK 119 POTONG PASIR AVENUE 1 #12-1022
Address complement	-
Postcode	350119
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE REFER TO POLICE REPORT T/20220723/7039

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW597G
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

IMPORTANT NOTICE

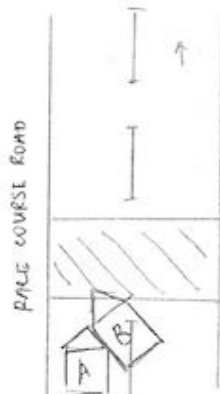
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand,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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SNF7629T

(B) SLW597G

- REFER TO POLICE REPORT -

T/20210723/3039

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel











**SINGAPORE
POLICE FORCE**



T/20220723/7039

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220723/7039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2022 23:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: BRYAN KISHORE S/O ARUL VANNAN			Address: 119 POTONG PASIR AVENUE 1 #12-1022 SINGAPORE 350119		
ID Type / ID No.: NRIC NO / T00046611			Contact No.: Home/Office: Mobile: 96720812		
Nationality: SINGAPORE CITIZEN			Email: BRIAN.KISHORE21@GMAIL.COM		
Sex: Male	Age: 22	Date of Birth: 12/02/2000	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/07/2022 17:40	Type of Location: Car Park
Location: RACE COAST ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLW597G	Car					0
SNF7629T	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220723/7039

2 of 3

Report No. T/20220723/7039

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BRYAN KISHORE S/O ARUL VANNAN	ID No.	T00046611
Related Vehicle	SNF7629T (Car)	Contact No.	96720812
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I PARKED MY VEHICLE AT AN OPEN SPACE CARPARK INFRONT OF SAKUNTHALAS RESTAURANT BESIDE THE ROAD. I PARKED AND WENT TO BUY FOOD AND WHEN I CAME BACK TO MY CAR AND LEFT. I ONLY CHECKED ON MY CAR WHEN MY I MEET MY FATHER AROUND 8PM AND SAW DAMAGES TO MY FRONT SIDE BUMPER AND THE DRIVER RESPONSIBLE IS NOT THERE. THE DRIVER ALSO DID NOT LEAVE ME ANY PARTICULARS FOR ME TO CONTACT ABOUT THE MATTER. I CHECKED MY CAMERA CAPTURED THE CAR SLW597G THAT HIT ONTO MY CAR AND LEFT THE SCENE. NOBODY WAS INJURED. NO FOREIGN VEHICLE INVOLVED. THAT IS ALL.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220723/7039

3 of 3

Report No. T/20220723/7039

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SUFYAN BIN KHAIRI
Contact No.: 65476148

This report is lodged at Traffic Police Kiosk 2
NP16B

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
23/07/2022 23:17

Classification Of Case: