

## 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 Actual 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 .....	16/03/2023 14:11 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	14/03/2023 08:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BOON LAY DRIVE CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP1199Z

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MILLION AUTO RENTAL PTE LTD
Company Reg No .....	201134025G
Email Address .....	GRACE@MILLIONAUTO.COM
Mobile Phone No .....	(Phone) +65-62649091
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Feb21cr4sdeb
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2997

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	S20MFL0002376

#### DRIVER

Name of Driver .....	MANIMUTHU RANJITHKUMAR
Work Permit No .....	G2960855K
Date Of Birth .....	15/11/1996
Occupation .....	Outdoor

Date Of Driving Pass .....	19/04/2018
Driving experience .....	4 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85414073
Alt. Phone Number .....	-
Email Address .....	MSCHONG@MILLIONAUTO.COM
Address .....	MILLION AUTO RENTAL PTE LTD
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Collided into Parked Vehicle
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
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 .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLW7398T
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) .....	0

## SKETCH PLAN

## IMPORTANT NOTICE

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7. By the lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature  
Date & Time:

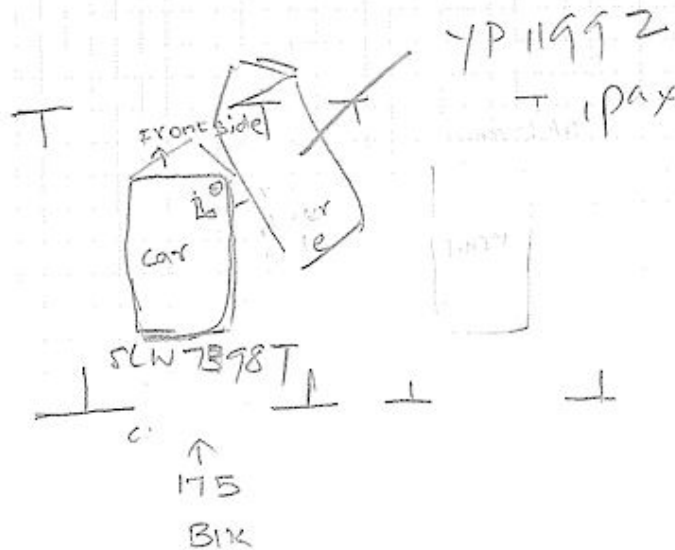
*M. R. [Signature]*

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



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

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:

NRIC/FIN No.:

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other workshop
- ☐ For record purpose

Policy No.

Insured

Veh No.













**SINGAPORE  
POLICE FORCE**



T/20230315/2039

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20230315/2039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2023 11:56	Vide Report No.:	Station Diary No.: 36
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**Informant's Particulars**

Name of Informant: MANIMUTHU RANJITHKUMAR			Address: APT BLK 9B YUAN CHING ROAD #04-22 PARKVIEW MANSIONS SINGAPORE 618644		
ID Type / ID No.: FIN NO / G2960855K			Contact No.: Home/Office: 85414073      Mobile:		
Nationality: INDIAN			Email: Ranjithmuthus96@gmail.com		
Sex: Male	Age: 26	Date of Birth: 15/11/1996	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: Lorry driver			Driving Licence Information: Class:      Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/03/2023 08:30	Type of Location: Car Park
Location:  BOON LAY DRIVE				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW7398T	Car				Slightly Damaged	0
YP1199Z	Lorry				No Damage	0

**Details of Person Involved**

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



**SINGAPORE  
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T/20230315/2039

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649482  
Tel No: 1800-7929999

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Report No. T/20230315/2039

**CONTINUATION OF REPORT**

Name	Unknown		ID No.	NIL
Related Vehicle	SLW7398T (Car)		Contact No.	92323494
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	
<b>Driver</b>				
Name	MANIMUTHU RANJITHKUMAR		ID No.	G2960855K
Related Vehicle	YP1199Z (Lorry)		Contact No.	85414073
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 14/03/2023 at 0830hrs, I was going to work. I was driving a white lorry with registration number YP1199Z. I was going out from the carpark lot blk 175 Boon Lay Drive towards the exit when I heard a loud noise. I suspected it was my trolley that I placed on my lorry. Thus, I just drove off and did not alight without making a check.

On 15/03/2023 at 0830 hrs., I was going to work when I saw a piece of paper place at my wiper. It stated 'BRO THANKS for the Hit and Run. Police report I had already made. Pls go Do your accident Report. Video All have already submitted....'. I then made my way down to the nearest police station to make a police report.

I suspect the car I hit was a white car with registration no. SLW 7398T. There was a light scratch at the front bumper of the car this morning. There was no damage to my lorry.

No one was injured during the accident. There was no passenger in both of the vehicle. No damage to the public property.

I am making this report for record/insurance purposes.

I am now residing in 31b West Coast Park #09-34 Botannia S(127726)

**SINGAPORE  
POLICE FORCE**

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2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



T/20230315/2039

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Report No. T/20230315/2039

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
J/  
SCCPL MUHAMMAD THIRAFI  
EZRADIFA CHAIRAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:

Date/Time:  
15/03/2023 11:56

Classification Of Case:

NP168