

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	05/05/2023 15:12 (SGT)
Reported by	Actual Driver
Date of Accident	03/03/2023 08:00 (SGT)
Exact Location of Accident	Bukit Batok West Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2064C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CONSEN ENGINEERING PTE. LTD.
Company Reg No	201317518Z
Email Address	HR@CONSENENG.COM.SG
Mobile Phone No	(Phone) +65-65705780
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070128315-02

DRIVER

Name of Driver	NATARAJAN KANNAN
Passport No/FIN	G8189114T
Date Of Birth	01/06/1980
Occupation	Outdoor

Date Of Driving Pass	30/03/2019
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-81325767
Alt. Phone Number	-
Email Address	HR@CONSENENG.COM.SG
Address	BLK 51 PARK OASIS
Address complement	#12-02 JURONG EAST AVE 1
Postcode	609782
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	DRIZZLING
Road Surface	Wet

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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN

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	SMU1430X
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


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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

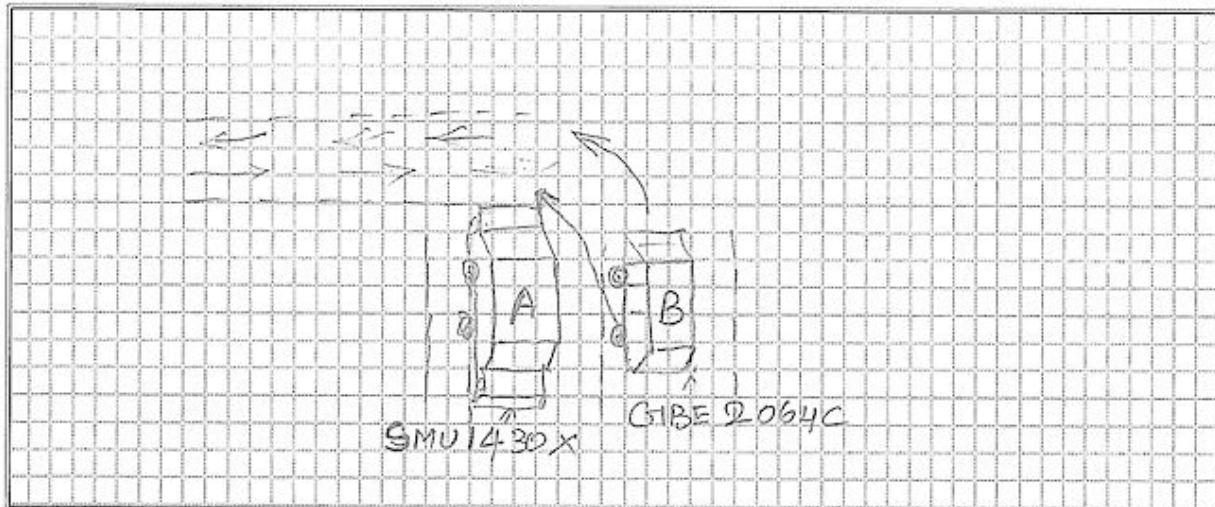
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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


Witnessed by Reporting Center Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

VEHICLE NO: GBE2064C ACCIDENT DATE & TIME: 3 May 2023 : 08:00

CONTACT NUMBER: 6570-5760 E-MAIL: hr@conseneng.com.sg

LOCATION: Bukit Batok Ave 6

Refer to police report

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ CLAIM OD/TP AT OTHER WORKSHOP ☒ REPORTING ONLY

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

NATARAJAN KANNAN

N. J. East.

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)











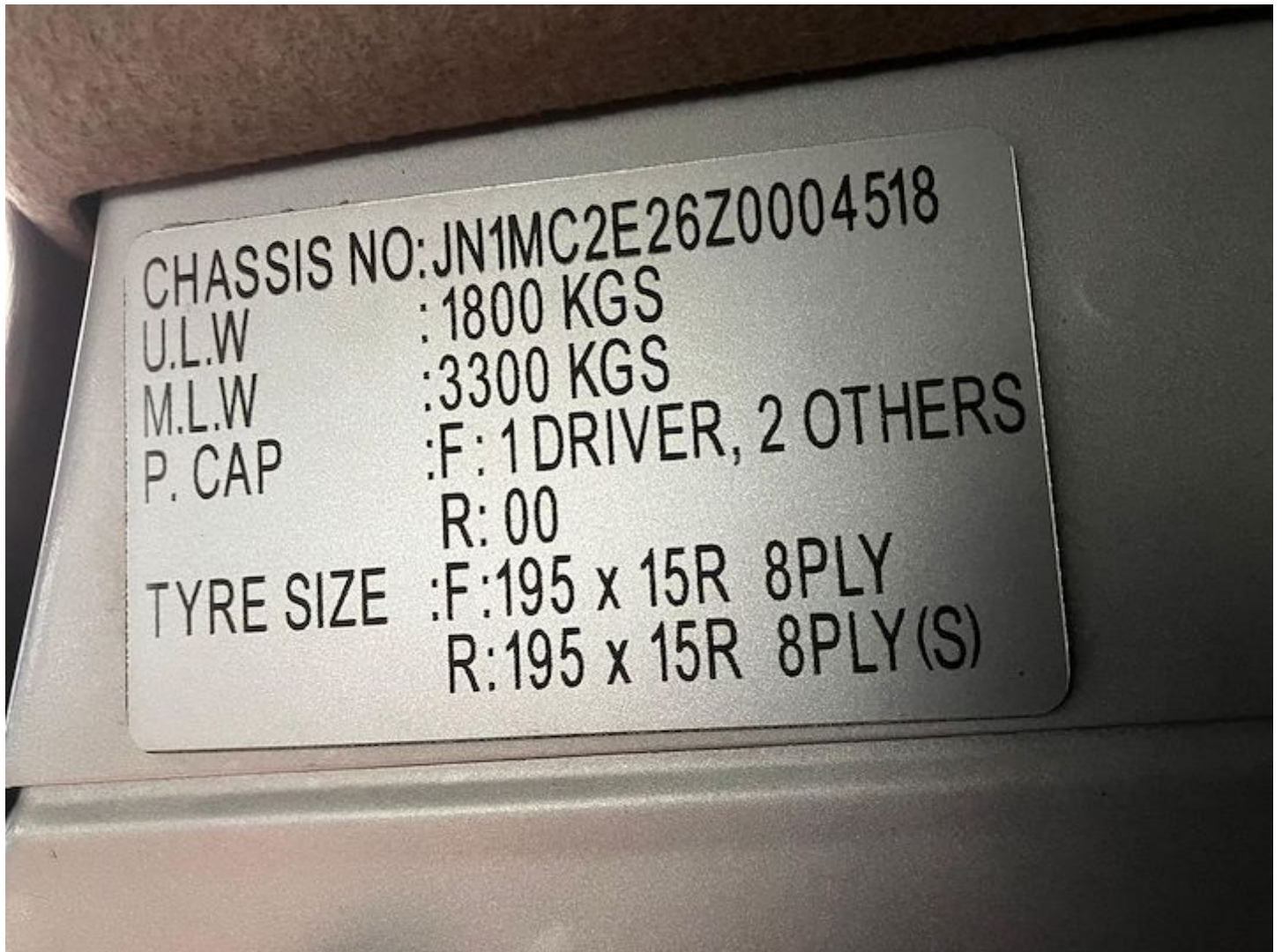














**SINGAPORE
POLICE FORCE**



T/20230306/2064

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20230306/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2023 15:30	Vide Report No.:	Station Diary No.: 112
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Informant's Particulars

Name of Informant: NATARAJAN KANNAN			Address: APT BLK 9H YUAN CHING ROAD #02-80 LAKESIDE TOWER SINGAPORE 618650		
ID Type / ID No.: FIN NO / G8189114T			Contact No.: Home/Office: Mobile: 81325767		
Nationality: INDIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 01/06/1980	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,3C Date of Expiry: 25/04/2023		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/03/2023 08:00	Type of Location: Car Park
Location: BUKIT BATOK WEST AVENUE 6				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE2064C	Van	NISSAN	NNV350 PANEL VAN 2.5 5MT 5DR EURO V	Silver	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/20230306/2064

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700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20230306/2064

CONTINUATION OF REPORT

Driver			
Name	NATARAJAN KANNAN		ID No. G8189114T
Related Vehicle	GBE2064C (Van)		Contact No. 81325767
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3C Date of Expiry: 25/04/2023
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 3/3/2023 at about 0800hrs I was at block 135 Bukit Batok West Avenue 6 to take V1) GBE2064C from the carpark. I did not recall hitting any vehicle or anything with V1. I then returned V1 back to the said location after I am done with my job.

On 4/3/2023-05/03/2023 no one is using V1.

On 6/3/2023 in the morning I then received a letter from Traffic Police regarding a hit and run accident thus I went back to the said location to make a check. I realized that there is a dent at my right center part of my V1. This damage was also informed by my colleague as well however this dent is not known to me. On 3/3/2023 I did not spot any other vehicle.

I wish to state that there is no in-car camera in V1. At the said carpark there is a CCTV however I am unsure if it is able to capture the incident.



**SINGAPORE
POLICE FORCE**



T/20230306/2064

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Report No. T/20230306/2064

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /
SGT 2 NURUL AISYAH BINTI
SHA'ARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/03/2023 15:30

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

NP168