

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 First Submission	19/09/2024 10:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/09/2024 08:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COLLYER QUAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7930T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXX943G
Email Address	ACCIDENTREPORT@ETHOZPROTECT.COM
Mobile Phone No	(Phone) +65-83114259
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Goods vehicle
Transmission	Manual
CC	1466
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	MARIMUTHU KARTHICK
Passport No/FIN	GXXXX860N
Date Of Birth	20/04/1997
Occupation	Outdoor
Driving Pass Date	30/06/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83114259
Alt. Phone Number	-
Email Address	NOEMAIL@COM.SG
Address	12 KRANJI ROAD #01-04
Address complement	-
Postcode	739522
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	Collision - Change/cross lane
Weather Conditions	Clear
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)	2
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	-

PASSENGER 1

Name	RAJENDRAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACH POLICE REPORT NO. A/20240914/7026

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR2512P
Vehicle Manufacturer Toyota
Vehicle Model Prius
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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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.



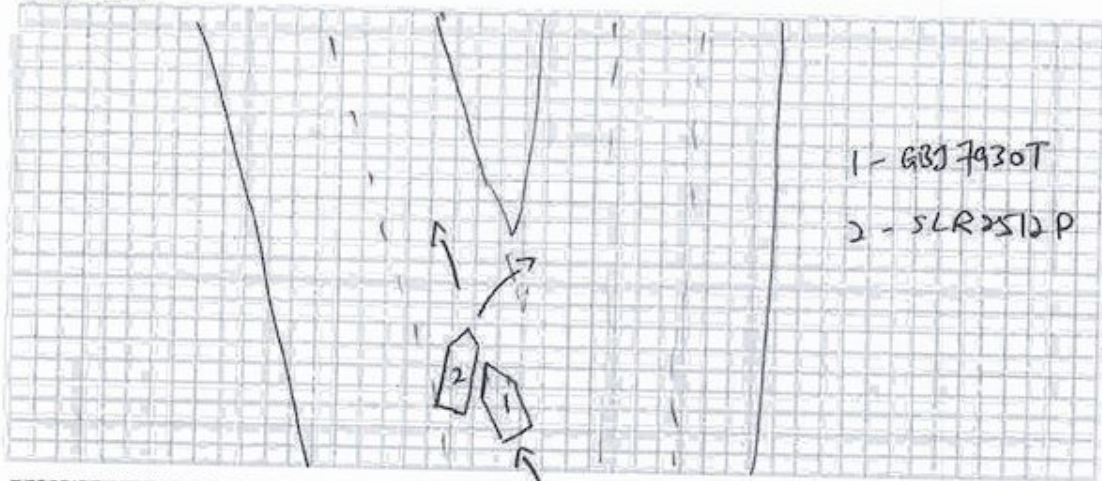
Policyholder's Signature
Date & Time:

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

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

1480101 Sketch Plan Form 92

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED POLICE REPORT A/20240914/7026

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

	Reporting Only
	Claim OD
X	Claim TP
	Claim OD / TP at other workshop

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.:



































**SINGAPORE
POLICE FORCE**



A/20240914/7026

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POLICE REPORT (NP299)

Report No. A/20240914/7026

Police Station Of Origin
Central Division HQ
391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 14/09/2024 15:06		Vide Report No.		Station Diary No.	
Name Of Informant Marimuthu Karthick		Address 12 KRANJI ROAD #01-04 KRANJI LODGE ONE SINGAPORE 739522			
ID Type / ID No. FIN NO / G8829860N		Contact No. Home/Office: Mobile: 83114259			
Nationality INDIAN		Email Address KARTHICK875460@GMAIL.COM			
Occupation Driver / worker		Sex Male	Age 27	Date of Birth 20/04/1997	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 14/09/2024 08:35 - 14/09/2024 08:35		Location Of Incident 50 COLLYER QUAY OUE BAYFRONT SINGAPORE 049321			

Brief details.

I was driving straight along Collyer Quay Road. A taxi - plate number SLR2512P (Silver Toyota Prius) suddenly cut in from the left and hit my left headlight. The Male Driver, Chinese around 35years old stopped the car, he came down and said I was in the wrong and asked me for my driving license. I gave it to him and he took down my particulars. He asked me to pay him a sum of \$300 for the damages to his vehicle. I did not pay him the money. After watching the dashboard camera recording, the taxi driver admitted it was his fault and he apologised to me and asked me to settle the case. After that he drove away. I was advised by my Manager to make a police report.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2024 15:06
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Rochor NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



A/20240914/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20240914/7026

Subjects Involved			
Victim			
Person Name	Rajendran Bharathi Raja		
ID Type	FIN NO	ID No	G8628879L
Gender	Male	Age	31
Race	Indian	Language	English
Occupation	Engineer	Address	12 KRANJI ROAD #01-04 KRANJI LODGE ONE SINGAPORE 739522
Mobile No	98310288	Relation To Informant	My colleague
Person Name			
Marimuthu Karthick			
ID Type	FIN NO	ID No	G8829860N
Gender	Male	Age	27
Race	Indian	Language	English
Occupation	Driver / worker	Address	12 KRANJI ROAD #01-04 KRANJI LODGE ONE SINGAPORE 739522
Mobile No	83114259	Is Informant A Victim?	Yes
Person Name			
Marimuthu Karthick (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2024 15:06
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Rochor NPC Kiosk 1