

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 ability.
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 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 Report	20/11/2017 13:15
Date Of Accident	17/11/2017 16:55
Exact Location Of Accident	BRADILL EXIT BEFORE LEADING TO AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT437B
Insured/Policyholder	
Name Of Registered Owner	SUGUNA D/O P RAMASAMY
NRIC No	S1646941F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97346950
Alternative Phone No	OFFICE-97346950

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095412708
Cover Note Number	

Driver

Name of Driver	SUGUNA D/O P RAMASAMY
NRIC No	S1646941F
Date Of Birth	08/01/1964
Occupation	INDOOR
Date Of Driving Pass	12/06/1996
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97346950
Fax Number	
Contact Number	OFFICE-97346950
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name 10 UBI AVENUE 3

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

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 SLQ3327G

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver AHMAD HUZAINI BIN ZAINAL

NRIC/Passport Number S8135324G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL6638R
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver TAY AIK WIN
NRIC/Passport Number S8581246G
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name SUGUNA D/O P RAMASAMY
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLT437B
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name N THAVAMANIDEVI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLT437B
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

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6. The 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 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.

Policyholder's Signature

Date & Time: 20/11/17

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/11/17

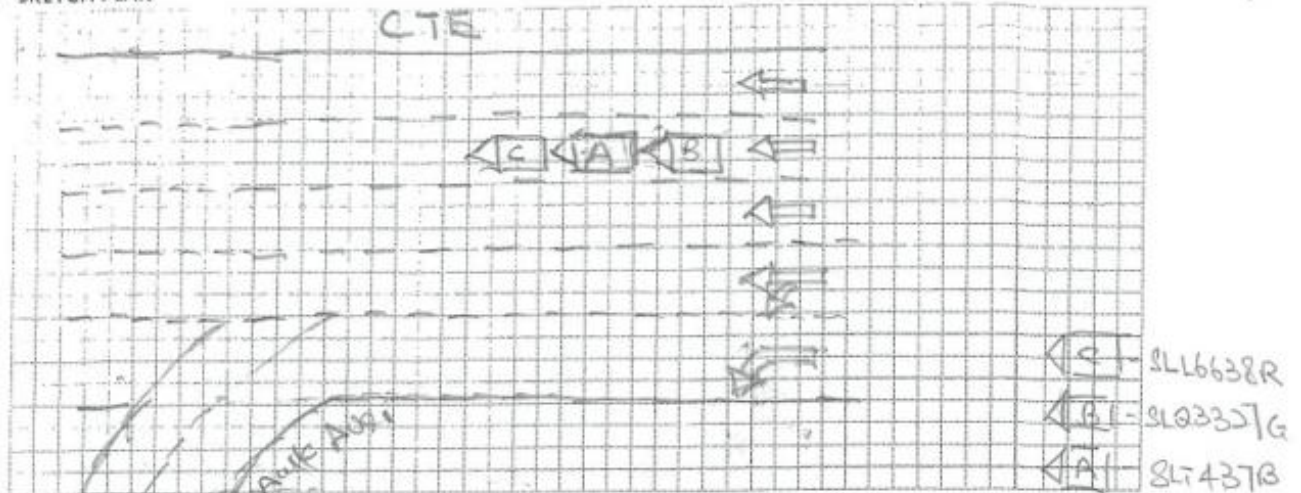
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 201117

Sketch Plan #2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle SL437B along CTE towards SLE around 4.55pm on 17/11/17. My friend Thavamani devi was the front seat passenger. Just after Braddell exit before Ang Mo Kio Ave 1 exit, traffic was slow due to congestion. I was in the 2nd lane. All cars were slowing down including the car in front of me. I also slowed down. Suddenly, a car SL03327G hit me from the back and the impact cause my car to jerk forward and make contact with the car in front SL6638R. The 3 of us moved the cars to the road shoulder. On the night me and Thavamani devi have ~~see~~ soon the doctor for a check up as we were not feeling well due to the pain neck area and lower back.

DECLARATION

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


Policyholder's Signature

Date & Time: 20/11/17


Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/11/17


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 20/11/17

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171120/7012

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

1 of 4

Report No. T/20171120/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2017 12:49		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: SUGUNA D/O P RAMASAMY		Address: 355M GOODLINK PARK SINGAPORE 758370		
ID Type / ID No.: NRIC NO / S1646941F		Contact No.: Home/Office: Mobile: 97346950		
Nationality: SINGAPORE CITIZEN		Email: sugunar08@gmail.com		
Sex: Female	Age: 53	Date of Birth: 08/01/1964	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Fire-fighting and rescue officer		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2017 16:55	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY Before Exit 11 leading to Ang Mo Kio Ave 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL6638R	Car			Grey	Slightly Damaged	0
SLQ3327G	Car	TOYOTA		Green	Slightly Damaged	0
SLT437B	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Red		0



**SINGAPORE
POLICE FORCE**



T/20171120/7012

Police Station Of Origin:
Traffic Police Division HQ
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Tel No: 65470000

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Report No. T/20171120/7012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	N THAVAMANIDEVI	ID No.	S1734087E
Related Vehicle	SLT437B (Car)	Contact No.	91272749
Hospital/Clinic	YISHUN MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SUGUNA D/O P RAMASAMY	ID No.	S1646941F
Related Vehicle	SLT437B (Car)	Contact No.	97346950
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I was driving my vehicle SLT437B, along CTE towards SLE at around 4.55 pm on 17 Nov 2017. My friend N Thavamanidevi was the front seat passenger.

Just after Braddell exit before Ang Kio Ave 1 Exit, traffic was slow due to congestion. My car was in the 2nd lane. Vehicles were slowing down including the car in front. I too slowed down. Suddenly, a car SLQ3327G hit my car from the back and the impact caused my car to jerk forward and made contact with the car in front SLL6638R.

The 3 cars moved to the road shoulder by the advise of the driver of SLQ3327G.

In the night, together with Mdm N Thavamanidevi, I visited Dr Vangadasalam at Yishun Medical Centre, Blk 618 Yishun Ring Road #01-3234, Singapore 760618, as both of us were not feeling good due to the pain in the neck and lower back area.



**SINGAPORE
POLICE FORCE**



T/20171120/7012

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Report No. T/20171120/7012

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20171120/7012

Police Station Of Origin:
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Report No. T/20171120/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Authentication Stamp
NP168

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

Date/Time:
20/11/2017 12:49

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

