

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	27/11/2017 14:48
Date Of Accident	26/11/2017 15:40
Exact Location Of Accident	BENCOOLEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK6238B
Insured/Policyholder	
Name Of Registered Owner	VELLASANI D/O VELAUTHAM
NRIC No	S1442413Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96465670
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)

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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S017570
Cover Note Number	

Driver

Name of Driver	APOK S/O KUPPAN
NRIC No	S0563989A
Date Of Birth	12/06/1947
Occupation	INDOOR
Date Of Driving Pass	04/07/1975
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81234614
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 136 YUNNAN CRESCENT
 Postcode 637989
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 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 NANYANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7929999 - FAX NO: 67912972
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT NO.T/20171126/2074.

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 SHC2567H
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver EAU AH BAH
 NRIC/Passport Number S0199545F
 Contact Number 94507884
 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 SHD7127G

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver MR.LIM

NRIC/Passport Number

Contact Number 94234218

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 EAU AH BAH

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC2567H

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1


SKETCH PLAN

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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 thereport 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.

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 &


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


Witnessed by Reporting Centre

Sketch Plan

Refer to accident scene photo

Sketch Plan Pg. 2

Describe Circumstances of the Accident

As Per Police Report No. 7/2017/1126/2074

Declaration

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

☐ Claim own policy
☐ Claim third party
☒ Claim OD / TP at other workshop Bm Choo
☐ For record purpose
 Policy No. BMP 175 017590
 Insurer Ersu (C) Veh. No. SGT 6238B

Wan
 Policyholder's Signature / Date & Time

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

[Signature]
 Witnessed by Reporting Centre Personnel

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171126/2074

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

1 of 4
Report No: T/20171126/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2017 18:32		Vide Report No.: A/20171126/0135		Station Diary No.: 49	
Informant's Particulars					
Name of Informant: APOK S/O KUPPAN		Address: 136 YUNNAN CRESCENT SINGAPORE 637989			
ID Type / ID No.: NRIC NO / S0563989A		Contact No.: Home/Office:		Mobile: 81234614	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 70	Date of Birth: 12/06/1947	Type of Informant: Driver		
Race: Indian		Language:		Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: 2,3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/11/2017 15:40	Type of Location: Straight Road
Location: Along Road 1 BENCOOLEN STREET				
Near the traffic light between Nanyang Academy of Fine Arts and Masjid Bencoolen				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK6236B	Car	TOYOTA		Gold	Seriously Damaged	1
SHC2567H	Car	HYUNDAI		Blue	Seriously Damaged	2
SHD7127G	Car	HYUNDAI		Blue	Slightly Damaged	2

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

POLICE REPORT Pg. 2



SINGAPORE
POLICE FORCE



T/20171125/2074

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/20171125/2074

CONTINUATION OF REPORT

Passenger			
Name	SHIYAMIELAH KESAVAN PILLAI	ID No.	S9142180A
Related Vehicle	SGK6238B (Car)	Contact No.	97542945
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
Driver			
Name	APOK S/O KUPPAN	ID No.	S0563989A
Related Vehicle	SGK6238B (Car)	Contact No.	81234614
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	EAU AH BAH	ID No.	S0199545F
Related Vehicle	SHC2567H (Car)	Contact No.	94507864
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	Slight
Driver			
Name	Mr Lim	ID No.	NIL
Related Vehicle	SHD7127G (Car)	Contact No.	94234218
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	Slight

POLICE REPORT Pg. 3



SINGAPORE
POLICE FORCE



T/20171125/2074

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/20171125/2074

CONTINUATION OF REPORT

Brief Details.

On 26/11/2017 at about 1540hrs, I was driving my vehicle (Vehicle no: SGK6238B) along bencoolen street and I stopped at the traffic light between Nanyang Academy of Fine Arts and Masjid Bencoolen building. I was the first at the traffic light. I wish to inform that at the time my vehicle is stationary as the traffic light was green however I was unable to proceed as there is 2 vehicle in front of mine which were not moving due to the front car is picking up passengers.

On the same day at about 1543hrs, I felt a impact at the rear of my vehicle and I got out of the vehicle to find out that a blue taxi (Vehicle no: SHC2567H) has rear ended my vehicle and afterwards veered to collide with a blue taxi (SHD7127G) at the side beside my vehicle. My niece namely: Shiyamleish Keasaven Pillai then called for police assistance.

I wish to inform that I was issued with a case card with report number: A/20171125/0135 under IO Zul (Tel: 65476429) and was advised to lodge a traffic accident report.

POLICE REPORT Pg. 4



SINGAPORE
POLICE FORCE



T/20171125/2074

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

Report No. T/20171125/2074

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 65474855 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

CHONG YUNG HOE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SING CHWEE THENG
Contact No.: 65476397

Authentication Stamp



Signature Of Informant:

Date/Time:
26/11/2017 18:32

Classification Of Case: