

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	04/12/2017 18:44
Date Of Accident	02/12/2017 13:15
Exact Location Of Accident	LENTOR AVE TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7405B
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-66944919

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	HIRER
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995170
Cover Note Number	

Driver

Name of Driver	RAJENDRAN NANDAKUMAR
NRIC No	S8580599A
Date Of Birth	11/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	20/10/2012
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	

Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO PHOTOS AND POLICE REPORT ATTACHED, THANK YOU.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MEMORY CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG2704U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

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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.:



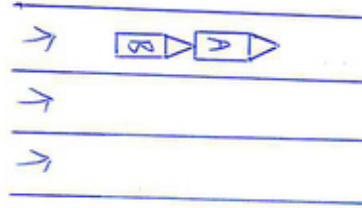
EDMOND

Lentor Avenue

SKETCH PLAN

A- SLE7405B

B- S662704U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police Report T/2017/204/2058

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.:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8580599A**
Name
RAJENDRAN NANDAKUMAR

Birth Date: 11 Dec 1985
Issued: 20 Dec 2012

VMC USE ONLY

002116492K



IC COLLECTION SLIP FOR NEW SINGAPORE CITIZEN



NRIC NO: **S8580599A** (PINK IC)

FEES: **\$10.00**

NAME: **RAJENDRAN NANDAKUMAR**

DATE OF ISSUE: **18/08/2017**

REGISTRATION OFFICER: **K Parameswari**



DOCUMENTS ARE TO BE PRESENTED AT GRC CITIZENSHIP CEREMONY

VMG USE ONLY



VMG USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 17 passengers, excluding the driver, and other motor vehicles <= 2500kg

Licence No: S8580599A



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: F/20171202/0168

I, SSG ROSZAT Hamid Zuhri
(Recipient's Name, NRIC or Passport No. / Rank and No.)
of TP HQ 10 Ubi Ave 3
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1X MICRO SD 16GB
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from RASENDHAN HENDRUMAR 58580599A
(Name, NRIC or Passport No. / Rank and No.)

of —
(Address / Police Station / NPC / NPP)

on 02.12.17 at 1435
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

R. Nandha
(Signature)
58580599A
(Name, NRIC or Passport No. / Rank and No.)

Received by:

Man
(Signature)
58624622A
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: _____



**SINGAPORE
POLICE FORCE**



T/20171204/2088

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 4

Report No. T/20171204/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2017 15:11		Vide Report No.: F/20171202/0168		Station Diary No.: 79
Informant's Particulars				
Name of Informant: RAJENDRAN NANDAKUMAR		Address: §		
ID Type / ID No.: NRIC NO / S8580599A		Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 31	Date of Birth: 11/12/1985	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: UBER DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/12/2017 13:15	Type of Location: Straight Road
Location: Along Road 1 LENTOR AVENUE Lentor Ave towards Ang Mo Kio on lane 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SGG2704U	Car	TOYOTA	CAMRY 2.4	Silver		0
SLE7405B	Car	TOYOTA	COROLLA AXIO HYBRID G 1.5 CVT D/AIRBAG	Black	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20171204/2088

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20171204/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAJENDRAN NANDAKUMAR	ID No.	S8580599A
Related Vehicle	SLE7405B (Car)	Contact No.	
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	NIL	Degree of Injury	NIL
Passenger			
Name	AARON	ID No.	NIL
Related Vehicle	SLE7405B (Car)	Contact No.	
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 02/12/2017 at about 1315hrs, I was travelling along Lentor Ave towards Ang Mo Kio on lane 2 in my vehicle, SLE7405B (V1) and I was carrying a passenger in that point of time. I wish to state that there was no vehicle on lane 3 as such I made a check on my rear and side mirrors for oncoming vehicles. I then spotted one vehicle, SGG2704U (V2) from afar, about 10-15metres away from afar as such I signalled left and made a lane change to lane 3. The driver of V2 then caught up with me and honked continuously at me as such I slowed down my vehicle and asked passenger for permission if I could stop my vehicle when the driver of V2 hit onto the rear of my vehicle. The impact was great and had caused my vehicle to surge forward and the driver of V2 hit onto the rear of my vehicle again. The driver of V2 then reversed and hit onto the rear of my vehicle continuously for about more than 4 times.

Both drivers got out of the vehicles. My passenger was in a rush as both drivers took down his contact number. The driver of V2 then approached me and asked me "Now shiok is it?" and he said that "see nothing happened to your car" and "You are done". The driver of V2 then drove off without exchanging any details.

I do have a front in-built camera in my vehicle. The rear portion of my vehicle were seriously damaged. I have reported the matter to Uber and called for Police who attended to me vide F/20171202/0168. I had pains on my neck and back as such I will be proceeding to see a doctor to get treated.



**SINGAPORE
POLICE FORCE**



T/20171204/2088

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20171204/2088

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20171204/2088

4 of 4

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20171204/2088

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:

E /

Sgt 2 NUR SAHIDAH BINTE IBRAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/12/2017 15:11

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

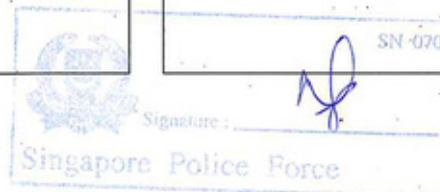
Contact No.: 65476200

Classification Of Case:

SN 070

Authentication Stamp.

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

