

## 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	18/12/2017 13:07
Date Of Accident	15/12/2017 17:55
Exact Location Of Accident	SLE - WOODLANDS - PUNGGOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1075L
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#### Insured/Policyholder

Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

#### Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

#### Driver

Name of Driver	VANKADASALAM HARIDASS
NRIC No	S0175879I
Date Of Birth	28/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90019447
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 813A #06-591 CHOA CHU KANG AVE 7
Postcode	681813
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	RAINING
Road Surface	WET

#### 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	BUKIT PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEH. A - 1 PAX (FEMALE INDIAN) VEH. B - NO PAX

#### 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	SGN8163D
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	VEH. B
Name of Driver	ANDREW NG
NRIC/Passport Number	S1272038F
Contact Number	93893280
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name	VANKADASALM HARIDASS - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	FELT UNWELL, WENT TO CLINIC & HAD 5 DAYS MC
Injured person in which vehicle?	SHD1075L
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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:

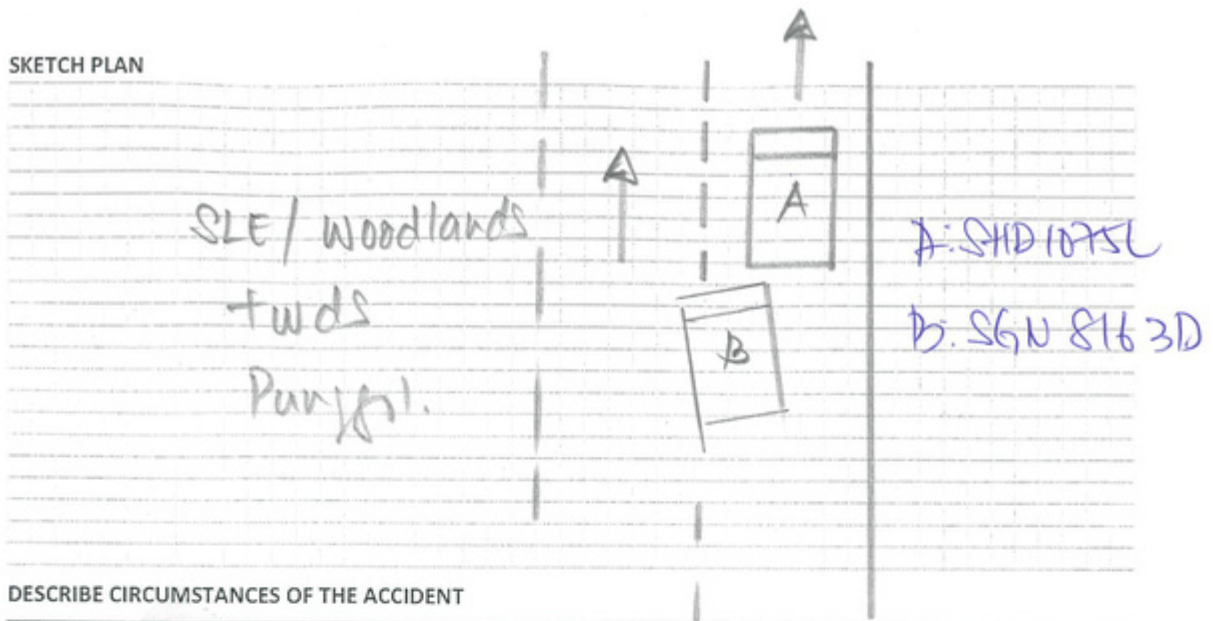
*V. Haridas*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
*8/0175879/E*

18 DEC 2017

*[Signature]*

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

# SKETCH PLAN



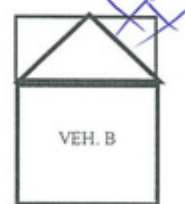
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As stated in police report, dated 16/12/17, police report number T/20171216/2052  
at pt Punggol NPC.

### **Brief Details.**

On 15th December 2017, at 1755hrs, I was driving my vehicle V1) SHD1075L together with a passenger along SLE, Woodlands towards Punggol. I was then driving at lane 1 and a vehicle V2) SGN8163D was driving behind me. V2 then wanted to overtake my vehicle thus he was changing lane to the left, just now a collision happened between both vehicles. I alighted from my vehicle to make a check and exchanged particulars with the driver. My rear bumper was cracked and the left side of the bumper was dented and scratched. I suffered strained and ached on my right rear neck, right shoulder and right knee. I was also issued with a 05 days medical certificate from Koo & Choo Medical Clinic P.L. There is a in built camera installed at the front of the vehicle.

## DAMAGES FOUND ON VEHICLE A & VEHICLE B



## DECLARATION

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

18 DEC 2017

Policyholder's Signature  
Date & Time:

Driver's Signature S 0175879/2  
(If driver is not the policyholder)  
Date & Time: 18/12/17

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



**SINGAPORE  
POLICE FORCE**



T/20171216/2056

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20171216/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/12/2017 12:06	Vide Report No.:	Station Diary No.: 39
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**Informant's Particulars**

Name of Informant: VANKADASALAM HARIDASS			Address: APT BLK 813A CHOA CHU KANG AVENUE 7 #06-591 SINGAPORE 681813	
ID Type / ID No.: NRIC NO / S0175879I			Contact No.: Home/Office: Mobile: 90019447	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 67	Date of Birth: 28/11/1950	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2017 17:55	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY  Woodlands towards Punggol				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
SGN8163D	Car					0
SHD1075L	Car				Seriously Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20171216/2056

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Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20171216/2056

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	VANKADASALAM HARIDASS	ID No.	S0175879I
Related Vehicle	SHD1075L (Car)	Contact No.	90019447
Hospital/Clinic	Koo & Choo Medical Clinic P.L	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/12/2017	Date Discharge	16/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	Andrew Ng	ID No.	S1272038F
Related Vehicle	NIL	Contact No.	93893280
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 15th December 2017, at 1755hrs, I was driving my vehicle V1) SHD1075L together with a passenger along SLE, Woodlands towards Punggol. I was then driving at lane 1 and a vehicle V2) SGN8163D was driving behind me. V2 then wanted to overtake my vehicle thus he was changing lane to the left, just now a collision happened between both vehicles. I alighted from my vehicle to make a check and exchanged particulars with the driver. My rear bumper was cracked and the left side of the bumper was dented and scratched. I suffered strained and ached on my right rear neck, right shoulder and right knee. I was also issued with a 05 days medical certificate from Koo & Choo Medical Clinic P.L. There is a in built camera installed at the front of the vehicle.



**SINGAPORE  
POLICE FORCE**



T/20171216/2056

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20171216/2056

**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 CHERYL YEO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/12/2017 12:06

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414


Classification Of Case:

Authentication Stamp  
NP168




Signature :

Singapore Police Force

 <b>PREMIER TAXIS</b>	<b>HIRER / RELIEF / SUPER RELIEF</b>
VEHICLE NO.	STD 1075L
CONTACT NO.	9001 9447
NEW MAILING ADDRESS (if any)	



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S01758791



Name: **VANKADASALAM HARIDASS**  
வன்கடாசலம் அரிதாஸ்  
Race: **INDIAN**  
Date of Birth: **28-11-1950** Sex: **M**  
Country of Birth: **SINGAPORE**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S01758791**  
Name: **VANKADASALAM HARIDASS**  
Birth Date: **28 Nov 1950**  
Issue Date: **30 Apr 2012**

2260788



NRIC No: **S01758791**



Blood Group: **B+** Date of issue: **10-08-1994**

APT BLK 813A CHOA CHU KANG AVENUE 7 #06-591  
SINGAPORE 681813  
NRIC No: **S01758791** Date: **13/12/2016**


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

**EFFECTIVE DATE**

**Class 3** Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **30 Apr 2012**

NP 428A


Licence No: **S01758791**



**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No: **S01758791**  
Name: **VANKADASALAM HARIDASS**  
Issue Date: **26/7/2014**



Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

Accident Photo



Accident Photo



Accident Photo



Accident Photo

