

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 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	17/01/2018 10:37
Date Of Accident	13/01/2018 04:20
Exact Location Of Accident	ALONG KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4566H
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Insured/Policyholder

Name Of Registered Owner	KRINESH BALASAMY RENGARAJOO
NRIC No	S8820460C
Email Address	KRINESHBRENGARAJOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91254666
Alternative Phone No	OTHERS-91254666

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095403110
Cover Note Number	

Driver

Name of Driver	KRINESH BALASAMY RENGARAJOO
NRIC No	S8820460C
Date Of Birth	04/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2013
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91254666
Fax Number	
Contact Number	OTHERS-91254666
Email Address	KRINESHBRENGARAJOO@GMAIL.COM

Address	BLK 124 JURONG EAST ST 13 #14-07
Postcode	600124
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180115/2122

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

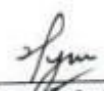
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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.

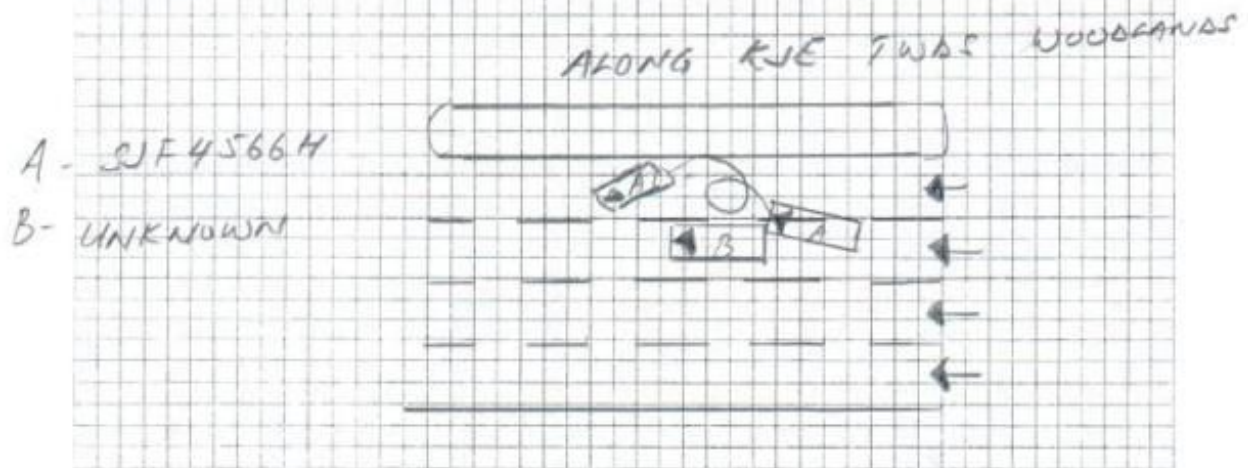

Policyholder's Signature
Date & Time: 16/01/18

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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180115/2122

DECLARATION

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

Keineph 16/01/18

Policyholder's Signature
Date & Time:

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

sfym 17/01/18

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



**SINGAPORE
POLICE FORCE**



T/20180115/2122

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

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Report No. T/20180115/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KRINESH B RENGARAJOO	ID No.	S8820460C
Related Vehicle	NIL	Contact No.	91254666
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

Brief Details.

13/01/2018 @0420HRS (KRANJI EXPRESSWAY)

I WAS TRAVELLING ALONG KJE, IT WAS RAINING HEAVY. I WAS CHANGING LANE FROM THE SECOND LANE TO THE FIRST LANE TO OVERTAKE THE LORRY. WHILE OVERTAKE THE LORRY, HE ALSO TRY TO MAKE A LANE CHANGE AS WELL. WHEN THAT HAPPENED MY CAR LEFT OF THE CAR MAKE CONTACT WITH HIS REAR RIGHT OF THE LORRY. ON IMPACT MY CAR SKIDDED AND DID A 360 DEGREE TURN AND CAME IN CONTACT WITH THE CENTER DIVIDER BEFORE COMING TO A COMPLETE STOP ON LANE ONE. THE DRIVER OF THE LORRY CONTINUE FORWARD AND DID NOT STOP. I THEN TRY TO START MY CAR BUT I COULD NOT START AT ALL, I TRY TO PUSH THE CAR BUT IT DID NOT WORK AS WELL. ONE OF THE PASSERBY CAME TO HELP AND I CALLED FOR THE TOWING FOR MY VEHICLE AND I TOOK A RIDE FROM A PASSERBY.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180115/2122

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Report No. T/20180115/2122

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2018 15:57	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KRINESH B RENGARAJOO			Address: APT BLK 124 JURONG EAST ST 13 #14-07 JURONG EAST ESTATE SINGAPORE 600124	
ID Type / ID No.: NRIC NO / S8820460C			Contact No.: Home/Office:	Mobile: 91254666
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 29	Date of Birth: 04/06/1988	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2018 04:20	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF4566H	Car	SUBARU	IMPREZA 5D 1.5R AWD 5MT	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJF4566H	NTUC Income Insurance Co-Operative Limited	5095403110	28/10/2017	28/05/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180115/2122

2 of 3

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

Report No. T/20180115/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KRINESH B RENGARAJOO	ID No.	S8820460C
Related Vehicle	NIL	Contact No.	91254666
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

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180115/2122

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

3 of 3

Report No. T/20180115/2122

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:
TP /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/01/2018 15:57

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: