

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	03/02/2018 10:22
Date Of Accident	31/01/2018 15:45
Exact Location Of Accident	T JUNC OF YISHUN AVE 1 AND YISHUN AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA1787C
Insured/Policyholder	
Name Of Registered Owner	THE REDS RECOVERY SERVICES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91352000

Vehicle Particulars

Manufacturer	FIAT
Model	DUCATO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3073981700
Cover Note Number	-

Driver

Name of Driver	CHANDRA SEGAR
NRIC No	S7808676I
Date Of Birth	01/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91352000
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 507 CANBERRA DR #03-20
Postcode	768127
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SJZ851E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRIS
NRIC/Passport Number	
Contact Number	98249248
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name CHANDRA SEGAR

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? GBA1787C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident 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.

THE REDS RECOVERY SERVICES
Co Reg : 53140338J
BLK 733 WOODLANDS CIRCLE
#03-101 SINGAPORE 750733
JAY 84083591
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.:

5

Vishnu Ave 1

A = GBA 1787 C
B = SJZ 851 E

Vishnu Ave 6

Please Refer to Police Report

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

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180201/2040

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20180201/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2018 11:32	Vide Report No.:	Station Diary No.: 66
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Informant's Particulars

Name of Informant: CHANDRA SEGAR			Address: BLK 507 CANBERRA DRIVE #03-20 SINGAPORE 768127		
ID Type / ID No.: NRIC NO / S78086761			Contact No.: Home/Office: Mobile: 91352000		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 01/04/1978	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Towing Driver			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 31/01/2018 15:45	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 YISHUN AVENUE 1 YISHUN AVENUE 11 T-junction of Yishun Avenue 1 and Yishun Avenue 6 near to Blk 426 Yishun Avenue 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
GBA1787C	Van				Seriously Damaged	0
SJZ851E	Car				Seriously Damaged	1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180201/2040

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180201/2040

CONTINUATION OF REPORT

Driver			
Name	CHANDRA SEGAR	ID No.	S7808676I
Related Vehicle	GBA1787C (Van)	Contact No.	91352000
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	01/02/2018	Date Discharge	01/02/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	Chris	ID No.	NIL
Related Vehicle	SJZ851E (Car)	Contact No.	98249248
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 31/01/2018 at about 3.45pm, My vehicle was stationary along Yishun Avenue 6 as the traffic light was red and I was at the outer lane turning right. Suddenly, I heard a sound at the rear and discovered one vehicle, SJZ851E had collided onto my van. Afterwhich, I came down of the vehicle and exchange particulars with the other driver. We also took photos of the accident and left the place. No one was injured, no traffic police and ambulance attended to us and no government property damaged. I wish to state that after the accident on 01/02/2018, I felt uncomfortable at the back as such I went to seek medical treatment and was given 4 days MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180201/2040

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20180201/2040

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 / Staff Sgt TAN MENG SENG	Signature Of Informant: <i>[Signature]</i> 01/02/18
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2018 11:32
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case: SN 168
Authentication Stamp NP168	 SINGAPORE POLICE FORCE \$ SIGNATURE

DRIVING DOC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S78086761



Name
CHANDRA SEGAR

Race
INDIAN

Date of birth
01-04-1978

Sex
M

Country of birth
SINGAPORE

NRIC No. S78086761

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S78086761**

Name
CHANDRA SEGAR

Birth Date **01 Apr 1978**

Issue Date **18 Apr 2015**



002558795C

NRIC No. S78086761




Date of issue
25-01-2008

BLK 507 CANBERRA DRIVE #03-20
SINGAPORE 788127

NRIC No. S78086761 Date: 07/01/2015

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

	EFFECTIVE DATE
Class 1B Motorcycles <= 200 CC	18 Apr 2015
Class 2A Motorcycles between 201 CC and 400 CC	18 Apr 2015
Class 3 Motor cars <= 2000 kg with 7 passengers, exclusive of the driver, and motor tractors/trailers <= 2500 kg	18 Apr 2015
Class 4 Heavy motor cars and motor tractors > 2500 kg	18 Apr 2015

S / No. 9000258312

S78086761

Licence No. S78086761

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

