

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	22/02/2018 10:47
Date Of Accident	22/02/2018 08:20
Exact Location Of Accident	JALAN ANAK BUKIT TWDS CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6469Y
Insured/Policyholder	
Name Of Registered Owner	ONEBERRY TECHNOLOGIES PTE LTD
Co Reg No	200312911N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81874258
Alternative Phone No	OFFICE-81874258

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084886845-01
Cover Note Number	

Driver

Name of Driver	BASKARAN VASEEHARAN
Passport No/FIN	G5292344T
Date Of Birth	04/06/1989
Occupation	INDOOR
Date Of Driving Pass	03/10/2012
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81874258
Fax Number	
Contact Number	OTHERS-81874258
Email Address	NOEMAIL

Address	4 TOH YI DR #06-217 HDB - BUKIT TIMAH
Postcode	590004
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JNN3303 (PRIVATE CAR)
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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/20180222/2023

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 Witness 1

Name	THAKSHNAMOORTHY SUTHAHAR
Phone Number	81870172
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JNN3303
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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)

(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.



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 - 1/20180222/2023

DECLARATION

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

Policyholder's Signature
Date & Time:

Q291M2, SketchPlanForm_V2

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

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180222/2023

2 of 3

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

Report No. T/20180222/2023

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was travelling along Jalan Anak Bukit on the 2/3 lanes, I wanted to change my course to lane 1, suddenly a vehicle from behind did not react to me even with my signal on and furthermore the vehicle cross over the double solid white line and collided into my vehicle right portion. After the collision, we step out of our vehicle and talk about it, he seems unhappy and wanted to use force on me, however the other party does not want to give me his particulars and drove off, after which due to heavy vehicle at the moment, I drove off from my current location and call the police afterwards.

That's all


THINK ONE AUTOMOBILE & TRADING PTE. LTD.
DEBIT NOTE

To Insured :

ONEBERRY TECHNOLOGIES PTE. LTD.
 1 PEMIMPIN DRIVE
 #08-03 ONE PEMIMPIN
 SINGAPORE 576151

Date : 04/02/2017

DEBIT NOTE No. : **TI2017-13170/00**
Policy Number : 5084886845-01
Vehicle Number : GBD6469Y **TOYOTA HIACE 2.5A**
Type of Coverage : COMPREHENSIVE
Covered Period : 26/03/2017 to 25/03/2018
Insurance Company : NTU **NTUC INCOME INSURANCE CO-OPERATIVE LTD**

Description
Amount (S\$)

Renew NTU for Vehicle Insurance - GBD6469Y

885.60

GST: 7 %

61.99

Net Premium Due

947.59

Total Dollars: NINE HUNDRED FORTY-SEVEN DOLLARS AND FIFTY-NINE CENTS ONLY

All payment should be crossed and made payable to THINK ONE AUTOMOBILE & TRADING PTE. LTD.

Thank you.

THINK ONE AUTOMOBILE & TRADING PTE. LTD.
 THIS IS COMPUTER GENERATED. NO SIGNATURE REQUIRED.

ROC No.200508965H GST No.20-0508965-H

HEAD OFFICE : 20 UBI ROAD 4 # 02-03 THINK ONE BUILDING SINGAPORE 408622
SALES OFFICE : 20 UBI ROAD 4 THINK ONE BUILDING SINGAPORE 408622

Tel:6545 3300 Fax:6543 3303
 Tel:6545 3300 Fax:6543 3303

WEB SITE : www.thinkone.com.sg

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



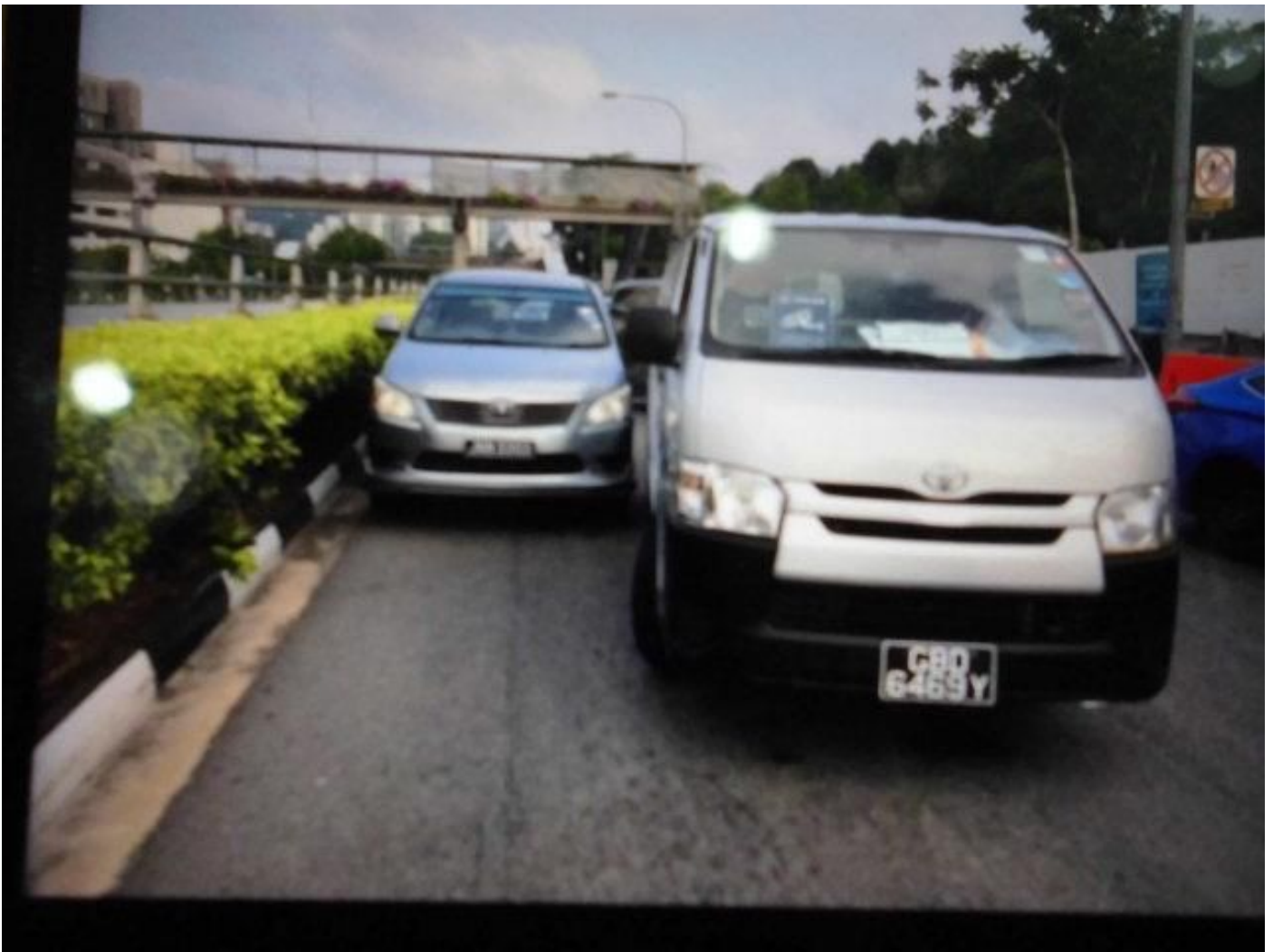
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180222/2023

1 of 3

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

Report No. T/20180222/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2018 10:22		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: BASKARAN VASEEHARAN			Address: 4 TOH YI DR #06-217 HDB-BUKIT TIMAH SINGAPORE 590004		
ID Type / ID No.: FIN NO / G5292344T			Contact No.: Home/Office: Mobile: 81874258		
Nationality: INDIAN			Email:		
Sex: Male	Age: 28	Date of Birth: 04/06/1989	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Electronics engineering technician (general)			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/02/2018 08:20	Type of Location: Straight Road
Location: JALAN ANAK BUKIT JALAN ANAK BUKIT > CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6469Y	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	Silver	Slightly Damaged	1
JNN3303	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180222/2023

2 of 3

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

Report No. T/20180222/2023

CONTINUATION OF REPORT

Brief Details.

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Police Report



SINGAPORE
POLICE FORCE

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



T/20180222/2023

3 of 3

Report No. T/20180222/2023

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 /
TONG HWEE SIONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/02/2018 10:22

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

ADDENDUM

Original Report No : MNA 118025528 Vehicle Registration No: GBD 6469Y
Name (as shown in NRIC): BASKARAN VASEEHARAN NRIC/FIN/Passport No: G 5292344T
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 4 TOH YI DR #06-217 HOB - BUKIT TIMAH Singapore (590004)
Contact (Tel) : — Mobile No.: 81874258
Email Address : NOEMAIL
Date of Accident : 22/02/2018 Time of Accident : 08:20
Place of Accident : JALAN ANAK BUKIT TOWNS CLEMENTI ROAD.
Insurance Company: NTUC Income Insurance Co-operative Ltd.

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend foreign vehicle involved.

Policyholder / Driver's Signature
Date:

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