

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	10/11/2017 16:13
Date Of Accident	30/10/2017 15:45
Exact Location Of Accident	ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9932L
Insured/Policyholder	
Name Of Registered Owner	WHYE KEONG PTE LTD
Co Reg No	200714665E
Email Address	WKENT8@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68443232

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 D ABS AIRBAG 2WD 6DR (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DMCVSN3039641700
Cover Note Number	

Driver

Name of Driver	KARUNANITHI SEDHURAMALINGAM
Passport No/FIN	G5442365P
Date Of Birth	10/05/1990
Occupation	INDOOR
Date Of Driving Pass	11/10/2013
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93273008
Fax Number	
Contact Number	
E-Mail Address	SETHURAMKARUNAN@GMAIL.COM

Address	BLK 92 PIPIT ROAD #18-95
Postcode	370092
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	COLLISION - MAJOR/MINOR RD
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ATTACHED POLICE REPORT NO : T/20171030/2143 .

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	LOW POH BOON PAUL
Phone Number	96216289
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD3825R
Vehicle Make/Model/Colour	BMW
Details Of Properties	CAR B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

SKETCH PLAN

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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:

10/11/2017
5:18pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Tham Hui Lin

A: GBC 9932L
B: SKD 3825R

PATERSON RD

PATERSON RD

ORCHARD BLVD

Attacker Police Report NO: T/20171030/2143.

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

14/04/2016 10:51:00 AM Page 33

Date & Time:

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



SINGAPORE POLICE FORCE



T/20171030/2143

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20171030/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2017 19:53			Vide Report No.:		Station Diary No.: 46
Informant's Particulars					
Name of Informant: KARUNANITHI SEDHURAMALINGAM			Address: APT BLK 92 PIPIT ROAD #18-95 SINGAPORE 370092		
ID Type / ID No.: FIN NO / G5442365P			Contact No.: Home/Office:		Mobile: 93273008
Nationality: INDIAN			Email:		
Sex: Male	Age: 27	Date of Birth: 10/05/1990	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Mechanical engineering technician (general)			Driving Licence Information: Class: 2B,3		Date of Expiry: 10/10/2018

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 30/10/2017 15:45	Type of Location: Straight Road
Location: Along Road 1 ORCHARD BOULEVARD				
Before right turn to Paterson Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
GBC9932L	Van	NISSAN	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5	Red	Slightly Damaged	0
SKD3825R	Car	BMW	528I AT ABS D/AB SR NAV HID	Grey		0



**SINGAPORE
POLICE FORCE**



T/20171030/2143

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Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20171030/2143

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KARUNANITHI SEDHURAMALINGAM	ID No.	G5442365P
Related Vehicle	GBC9932L (Van)	Contact No.	93273008
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 10/10/2018
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was travelling along Orchard Boulevard before the right turn into Paterson Road. I was on lane 3 and the traffic was very heavy. I stopped as there was a red light up a head. When the light turned green, I waited for my turn to move off and when I assessed that the road was clear for me to proceed, I released my brake pedal and was about to tap the accelerator when suddenly I felt a bump from the rear right side of my van. As such, I stopped the van and came out.

I saw that there was a BMW behind me, which I assumed had filtered from lane 1 or 2 that had hit me my vehicle which I saw from my right mirror. As such, I asked the driver why he had hit me however he denied having done so. The driver of the vehicle behind me (witness) however, came out of his car and told me that he had witness the said BMW hit into the right rear of my van and subsequently reversed a small distance.

Whilst I was taking photos of the damages, the BMW driver drove off without exchanging particulars.

Witness (Given through namecard):
Low Poh Boon Paul
HP: 96216289
C/O: Jurong Engineering Limited, 25 Tanjong Kling Road

That is all.



**SINGAPORE
POLICE FORCE**



T/20171030/2143

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Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20171030/2143

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:

G /

Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

30/10/2017 19:53

Classification Of Case: