

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	26/02/2018 09:48
Date Of Accident	17/02/2018 20:00
Exact Location Of Accident	THOMSON RD(SLIP RD) TURNING INTO NORFOLK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF406P
Insured/Policyholder	
Name Of Registered Owner	AMV PTE. LTD.
Co Reg No	201505825Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86795690

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095333560
Cover Note Number	

Driver

Name of Driver	SANKARAN LAKSHMANAN
NRIC No	G6196380X
Date Of Birth	04/06/1979
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86795690
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	231 MOUNTBATTEN ROAD #02-01
Postcode	397999
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 - 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	2
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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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	SGJ1320J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SANKARAN LAKHMANAN
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SLF406P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

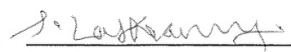
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

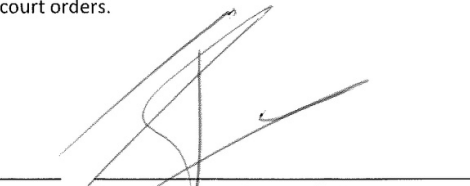
I understand, acknowledge, agree and consent that:

- (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.

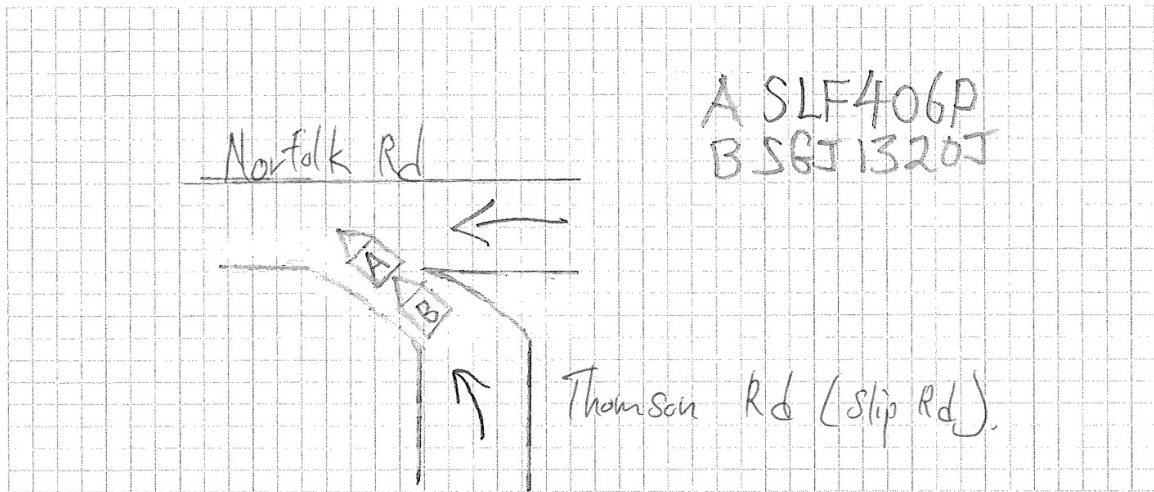


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— Refer to attached police report —

DECLARATION

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

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.:

Common Statement Pg. 1



SINGAPORE
POLICE FORCE



T/20180220/2088

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20180220/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2018 14:50		Vide Report No.: E/20180217/0134		Station Diary No.: 76	
Informant's Particulars					
Name of Informant: SANKARAN LAKSHMANAN			Address: APT BLK 2 ST. GEORGE'S ROAD #10-51 ST GEORGE'S WEST GARDENS SINGAPORE 322002		
ID Type / ID No.: FIN NO / G6196380X			Contact No.: Home/Office: Mobile: 86795690		
Nationality: INDIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 04/06/1979	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 2B,3		Date of Expiry: 27/02/2019

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/02/2018 20:00	Type of Location: slip rd
Location: Along Road 1 NORFOLK ROAD THOMSON ROAD Thomson Rd slip road turning into Norfolk Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SGJ1320J	Car				Slightly Damaged	0
SLF406P	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20180220/2088

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20180220/2088

CONTINUATION OF REPORT

Driver			
Name	SANKARAN LAKSHMANAN	ID No.	G6196380X
Related Vehicle	SLF406P (Car)	Contact No.	86795690
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 27/02/2019
Date Treatment	17/02/2018	Date Discharge	18/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I stopped at the stop line along Thomson Rd slip road into Norfolk Rd. While checking for traffic along Norfolk Rd, my car was hit by another car on the rear. As a result, my car lurched forward. After I managed to stop my car, I pulled the handbrake and came out from my car. I saw the driver of the other car coming out his vehicle. He then asked why I stopped my vehicle and I told him that I was checking for oncoming traffic. He then told me that this is a free turning and he claimed that I stopped for a long time. The other driver then told me to move my vehicle but I told him that I cannot do that as I have to inform the UBER company which I am driving the car for. I called another colleague from the UBER company and he said that if I am not injured the vehicle can be moved. I told him that there is pain at the back of my head as a result of the accident. The other driver then called for an ambulance which arrived shortly after. I was conveyed to TTSH before the arrival of Police. The damage to my vehicle is as follows:

1. slight scratches and dent to the rear bumper

That is all.



**SINGAPORE
POLICE FORCE**



T/20180220/2088

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Tel No: 1800-2949999

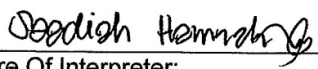
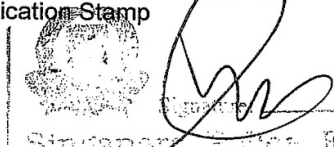
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Report No. T/20180220/2088

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: A / Staff Sgt NORHAYATI BINTE ABDUL SAMAD, 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2018 14:50
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367	Classification Of Case:
Authentication Stamp NP168 	SN 12

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

