

## 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	09/03/2018 14:07
Date Of Accident	09/03/2018 11:10
Exact Location Of Accident	TRAFFIC JUNCTION BETWEEN ANSON ROAD & MAWELL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB329Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JEYA BALAN S/O N KANAGASABAI
NRIC No	S1201766I
Email Address	BALAN@SINGAPORESHIPPING.COM.SG
Mobile Phone No	(LOCAL) +65-98248977
Alternative Phone No	OTHERS-98248977

### Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA-2.5 CVT ABS D/AB HID 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	
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 CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M066273/17/1000/2000/3500
Cover Note Number	

### Driver

Name of Driver	JEYA BALAN S/O N KANAGASABAI
NRIC No	S1201766I
Date Of Birth	18/09/1956
Occupation	INDOOR
Date Of Driving Pass	27/05/1980
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98248977
Fax Number	
Contact Number	OTHERS-98248977
Email Address	BALAN@SINGAPORESHIPPING.COM.SG

Address	BLK 404 SERANGOON AVENUE 1 #10-39
Postcode	550404
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	2
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)	3
Passenger 1	NAME: : CAPTAIN ASHOK KUMA GENDER: : MALE
Passenger 2	NAME: : CAPTAIN YAMAGUDI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS DRIVING VEHICLE A AND WAS TRAVELLING FROM ANSON ROAD TOWARDS MAXWELL ROAD. UPON REACHING A CONTROLLED TRAFFIC JUNCTION, I WANTED TO MAKE A RIGHT TURN AND CONTINUED MY JOURNEY. WHILE MY VEHICLE WAS TURNING, THERE WAS A PEDESTRIAN SUDDENLY CROSSING THE ROAD WITH BLINKING GREEN ME LIGHT. UPON SEEING IT, I BRAKE AND STOPPED MY VEHICLE AND ALLOW THE PEDESTRIAN TO CROSS OVER. IN A SPLIT OF SECONDS, I SUDDENLY FELT A HARD AND STRONG IMPACT COMING FROM MY VEHICLE REAR. I GOTTEN OFF FROM MY VEHICLE AND REALISED THAT VEHICLE B (TAXI) HAD COLLIDED ONTO MY REAR. NO INJURIES WERE INVOLVED. THAT'S ALL.

#### 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	SHD6665B
Vehicle Make/Model/Colour	MERCEDES / WHITE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	BENJAMIN LIM CHI ENG

NRIC/Passport Number	S8126704I
Contact Number	
Address	BLK 875 YISHUN STREET 81 #06-179
Postcode	760875
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
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.
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 liability.
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)**

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:

09 MAR 2013

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

Reporting Centre Personnel's Signature  
Name: **ANG WEI GUANG**  
NRIC/FIN No.: **S8410708E**

**SKETCH PLAN**

D. O. A 09.03.2011  
11:10 Hrs

A - SJB 329 Z  
B - SHD GGG5 B

Anson Road

11:10 AM

A - 558 329 Z

B - SHD GGG5 B

I WAS DRIVING VEHICLE A AND WAS TRAVELLING FROM ANSON ROAD TOWARDS MAXWELL ROAD. UPON REACHING A CONTROLLED TRAFFIC JUNCTION, I WANTED TO MAKE A RIGHT TURN AND CONTINUED MY JOURNEY. WHILE MY VEHICLE WAS TURNING, THERE WAS A PEDESTRIAN SUDDENLY CROSSING THE ROAD WITH BLINKING GREEN ME LIGHT. UPON SEEING IT, I BRAKE AND STOPPED MY VEHICLE AND ALLOW THE PEDESTRIAN TO CROSS OVER. IN A SPLIT OF SECONDS, I SUDDENLY FELT A HARD AND STRONG IMPACT COMING FROM MY VEHICLE REAR. I GOTTEN OFF FROM MY VEHICLE AND REALISED THAT VEHICLE B (TAXI) HAD COLLIDED ONTO MY REAR. NO INJURIES WERE INVOLVED. THAT'S ALL.

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

Date &amp; Time:

09 MAR 2011

(If driver is not the policyholder)

Date & Time:

Name: \_\_\_\_\_

ANG WEI GUANG

NRIC/FIN No.: S8410708E



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



Accident Photo





Accident Photo



Accident Photo



A close-up photograph of a tire sidewall. The tire is mounted on a silver alloy wheel. The sidewall features several markings: 'ADWEAR' on the left, '340' in a small oval, '215' in large bold letters, '55' in large bold letters, and 'R17' in large bold letters. Below these, there is a line of smaller text: 'FAILURE DUE TO UNDERINFLATION/OVERLOADING -- FOLLOW OWNER'S MANUAL -- THE DRIVER IS RESPONSIBLE FOR THE PROPER INFLATION OF TIRES/RIM ASSEMBLY DUE TO IMPROPER MOUNTING. NEVER EXCEED RATED OR PSI ON TIRES. ONLY SPECIALIZED TRAINED PERSONS SHOULD MOUNT TIRES. NEVER MIX TIRES WITH RADIALS ON THE SAME VEHICLE. NEVER MIX TIRES OF DIFFERENT SIZES OR TYPES.' The tire tread is visible at the top of the frame.





Accident Photo



Accident Photo

