

## 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	21/03/2018 11:12
Date Of Accident	20/03/2018 17:20
Exact Location Of Accident	CTE(AMK SOUTH FLYOVER) TWDS TOWN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9497J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	RELIABLECARZPL@GMAL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-81669797

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	YES
Policy Number	5092730487
Cover Note Number	

### Driver

Name of Driver	HARESH S/O SUNDER KISHNANI
NRIC No	S7042504A
Date Of Birth	24/10/1970
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1989
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94528949
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 913 HOUGANG ST 91 #11-28
Postcode	530913
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

#### 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?	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: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### 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
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180321/2032

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL7393K
Vehicle Make/Model/Colour	MITSUBISHI FE639E6SRDEA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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)**

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.



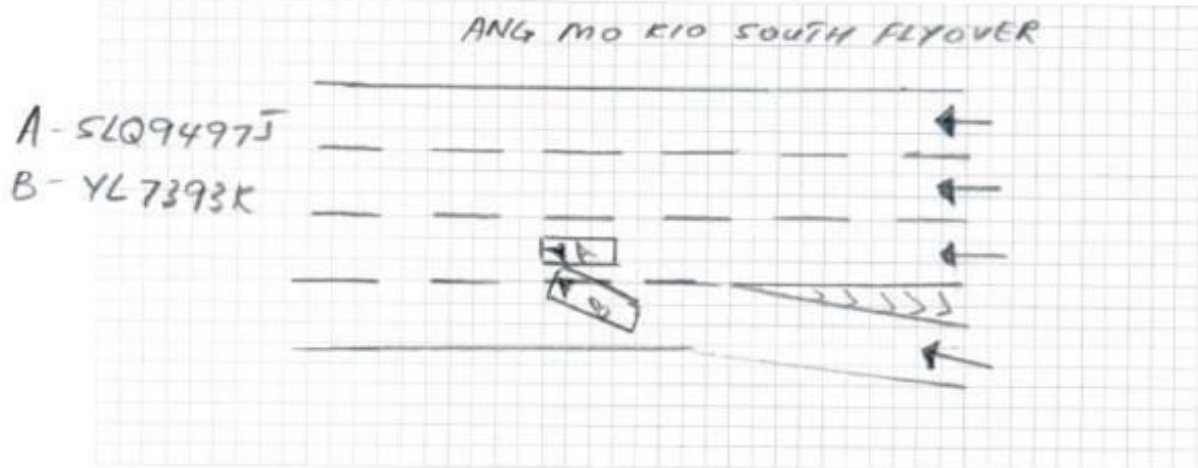
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180321/2032

## 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.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180321/2032

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

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Report No. T/20180321/2032

## CONTINUATION OF REPORT

Driver			
Name	HARESH S/O SUNDER KISHNANI	ID No.	S7042504A
Related Vehicle	SLQ9497J (Car)	Contact No.	94528949
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### **Brief Details.**

AT THE ABOVE MENTIONED DATE AND TIME

I WAS TRAVELLING ALONG CTE TOWARDS TOWN, I WAS ON THE LEFT LANE GOING TOWARDS PIE, I WAS GOING STRAIGHT WHILE THE LORRY WAS COMING FROM THE MERGING LANE, INSTEAD OF WAITING FOR A SPACE TO CUT IN HE JUST SQUEEZED IN AND HIT MY LEFT SIDE MIRROR AND SPED OFF. I CHASED HIM AND MANAGED TO STOP HIM, HOWEVER HE WAS AGGRESSIVE. I MANAGED TO TAKE A PHOTOGRAPH OF THE LORRY, HOWEVER I LEFT AS I DID NOT WANT INSTIGATE ANY ROAD RAGE FROM THE DRIVER OF THE SAID LORRY.

I HAVE VIDEO FOOTAGE OF THE INCIDENT.



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/20180321/2032

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

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Report No. T/20180321/2032

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2018 10:54	Video Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: HARESH S/O SUNDER KISHNANI			Address: APT BLK 913 HOUGANG ST 91 #11-28 HDB-HOUGANG SINGAPORE 530913		
ID Type / ID No.: NRIC NO / S7042504A			Contact No.: Home/Office: Mobile: 94528949		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 24/10/1970	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: Private Hire Driver			Driving Licence Information: Class: 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: 20/03/2018 17:20	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  TOWARDS TOWN				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLQ9497J	Car	HONDA	SHUTTLE HYBRID 1.5X AUTO	Red	Slightly Damaged	2
YL7393K	Lorry	MITSUBISHI	FE639E6SR DEA	White	No Damage	0

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180321/2032

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

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Report No. T/20180321/2032

## CONTINUATION OF REPORT

Driver			
Name	HARESH S/O SUNDER KISHNANI	ID No.	S7042504A
Related Vehicle	SLQ9497J (Car)	Contact No.	94528949
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

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I HAVE VIDEO FOOTAGE OF THE INCIDENT.

## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470900



T/20180321/2032

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Report No. T/20180321/2032

### 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 /  
TAN KIN WAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/03/2018 10:54

Officer In Charge Of Case:

TP / HRT /  
SI ABDUL KAREEM BIN ABDUL HAGUE  
Contact No.: 65476079

Classification Of Case:

SINGAPORE  
POLICE FORCE

Authentication Stamp

NP 108

Signature