

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	26/03/2018 15:16
Date Of Accident	25/03/2018 17:20
Exact Location Of Accident	GEYLANG RD AFTER JUNC LOR 19 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD773H
Insured/Policyholder	
Name Of Registered Owner	F & C ENTERPRISE (S) PTE LTD
Co Reg No	199602295R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68582020

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5066104420-03
Cover Note Number	

Driver

Name of Driver	SUNTHARA MURTHI A/L RAMA KRISHNAN
Passport No/FIN	G7444881Q
Date Of Birth	13/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94463951
Fax Number	
Contact Number	OFFICE-94463951
EEmail Address	NOEMAIL

Address	140 PAYA LEBAR ROAD #06-21 AZ @ PAYA LEBAR
Postcode	409015
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	NO COLLISION
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?	
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	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

REFER TO POLICE REPORT - T/20180325/2114.

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	FBC9986G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	1
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Accident Sketch Plan

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.



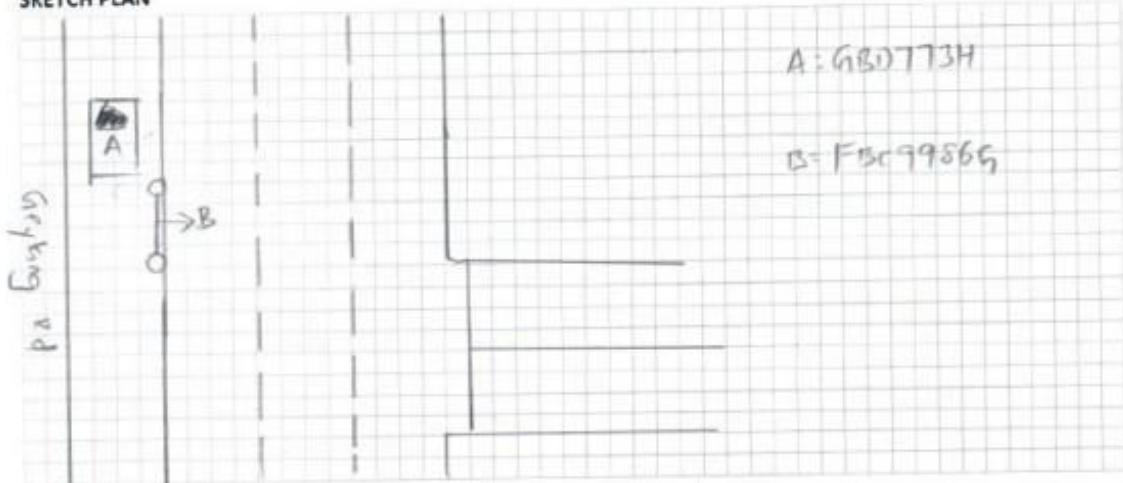
Policyholder's Signature
Date & Time:

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

Refer to police report - T/20180325/2114.

DECLARATION

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

Policyholder's Signature
Date & Time:

Copyright: Screenshot from 2018

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180325/2114

1 of 3

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

Report No. T/20180325/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2018 18:54		Vide Report No.: G/20180325/0176		Station Diary No.:	
Informant's Particulars					
Name of Informant: SUNTHARA MURTHI A/L RAMA KRISHNAN			Address: 140 PAYA LEBAR RD #06-21 A-Z BLDG SINGAPORE 409015		
ID Type / ID No.: FIN NO / G7444881Q			Contact No.: Home/Office: Mobile: 94463951		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 13/10/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 2B,3,4A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/03/2018 17:20	Type of Location:
Location: Along Road 1 GEYLANG ROAD				
GEYLANG ROAD TOWARDS KALLANG				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC9986G	Motorcycle					0
GBD773H	Lorry				No Damage	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180325/2114

2 of 3

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

Report No. T/20180325/2114

CONTINUATION OF REPORT

Rider			
Name	LEE KOK LEONG	ID No.	S8612173E
Related Vehicle	FBC9986G (Motorcycle)	Contact No.	91243055
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SUNTHARA MURTHI A/L RAMA KRISHNAN	ID No.	G7444881Q
Related Vehicle	GBD773H (Lorry)	Contact No.	94463951
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
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 ON GEYLANG LORONG 19 AND WANTED TO TURN RIGHT INTO GEYLANG ROAD. AS IT WAS SAFE TO DO SO, I TURNED RIGHT INTO LANE 4 OF THE 5 LANE GEYLANG ROAD. AS I WAS TURNING RIGHT, I SAW A MOTORCYCLIST ABOUT 6-7 CARLENGTH AWAY ON LANE 3 OF THE ROAD. I WANTED TO TURN LEFT INTO GEYLANG LORONG 14, SO I CHANGED LANES INTO THE 5TH LANE AFTER SIGNALLING. AFTER ENTERING INTO THE 5TH LANE, I HEARD A LOUD NOISE BEHIND ME SO I STOPPED. I PARKED MY VEHICLE AND LOOKED AT MY REAR-VIEW MIRROR AND SAW A MOTORCYCLIST WAS ON THE FLOOR. I GOT OUT OF MY VEHICLE AND ASKED AROUND IF ANYONE KNOW WHAT HAPPENED. NO ONE KNEW SO I ASKED A PASSERBY TO HELP CALL TP.

MY SUPERVISOR'S CONTACT: MR ONG - 92302033

Police Report



**SINGAPORE
POLICE FORCE**



T/20180325/2114

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

3 of 3

Report No. T/20180325/2114

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 /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

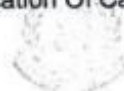
Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/03/2018 18:54

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



