

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	20/03/2018 11:23
Date Of Accident	19/03/2018 15:20
Exact Location Of Accident	INTERNATIONAL BUSSINESS PARK BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2176Y
Insured/Policyholder	
Name Of Registered Owner	ALPINE CAR RENTAL PTE LTD
Co Reg No	199003483E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65113043

Vehicle Particulars

Manufacturer	CHEVROLET
Model	SONIC-1.4 LTZ (A)
Exact Purpose for which vehicle was being used at time of accident	RENTAL 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 PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093613878
Cover Note Number	

Driver

Name of Driver	GARTHIGESU KANDASAMY GAJAENRHIRAN
NRIC No	S8060030E
Date Of Birth	09/05/1980
Occupation	INDOOR
Date Of Driving Pass	10/10/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-93879451
Fax Number	
Contact Number	
E-Mail Address	GKGAJEN@YAHOO.COM

Address	306D PUNGGOL DRIVE
Postcode	824306
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	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	
Was any body injured in the Accident?	YES
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE REPORT 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	GBE5294K
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	
Name of Driver	PEK HAN CHEW
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	GARTHIGESU KANDASAMY GAJAENTHIRAN
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN


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8 Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

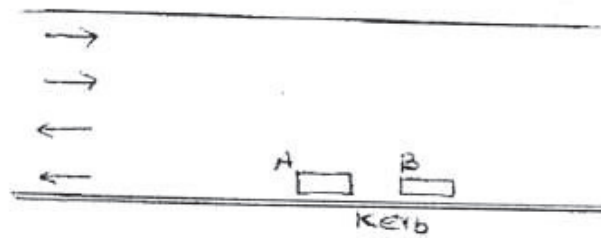
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Purpose;
- (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



A - SKU 2176Y

B - GIBE 5294K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my car (A) at side of the road and on hazard lights for checking an address of my passenger after a while (1min) suddenly the lorry (B) braked on my car at rear side. My car move forward and hit the kerb causing damages at rear side and front bumper area too.

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.:



SINGAPORE POLICE FORCE



T/20180320/2048

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

1 of 3

Report No. T/20180320/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2018 11:54	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GARTHIGESU KANDASAMY GAJAENTHIRAN			Address: 306D PUNGGOL DRIVE #05-911 SINGAPORE 824306		
ID Type / ID No.: NRIC NO / S8060030E			Contact No.: Home/Office: Mobile: 93879451		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 09/05/1980	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/03/2018 15:20	Type of Location: Straight Road
Location: Along Road 1 INTERNATIONAL BUSINESS PARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBE5294K	Car					0
SKU2176Y	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180320/2048

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

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Report No. T/20180320/2048

CONTINUATION OF REPORT

Driver				
Name	PEK HAN CHEW		ID No.	S7101754J
Related Vehicle	GBE5294K (Car)		Contact No.	93877520
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	GARTHIGESU KANDASAMY GAJAENTHIRAN		ID No.	S8060030E
Related Vehicle	SKU2176Y (Car)		Contact No.	93879451
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 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 TIME, DATE AND LOCATION.

I STOPPED AT THE SIDE OF THE ROAD, TO TAKE A LOOK AT ONE ADDRESS WHERE I AM SUPPOSE TO PICK UP A PASSENGER FROM. I WAS STATIONARY WITH MY HAZARD LIGHTS ON, WHERE SUDDENLY A THE LORRY MENTIONED ABOVE CAME FROM BEHIND AND COLLIDED INTO THE REAR OF MY CAR. I GOT OUT OF THE CAR, NO ONE WAS INJURED AT THE TIME. WE TOOK PHOTOS OF THE DAMAGE AND EXCHANGED PARTICULARS. HOWEVER, THIS MORNING WHEN I WOKE UP I FELT PAIN ON MY RIGHT HAND. I WENT TO A CLINIC NEARBY MY HOUSE THIS MORNING AND RECEIVED 3 DAYS MC.

THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20180320/2048

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

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Report No. T/20180320/2048

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 /
KHALED AMR HASSAN MOHSSEN

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:
20/03/2018 11:54

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 