

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 16:00
Date Of Accident	24/03/2018 19:20
Exact Location Of Accident	CENTRAL EXPRESSWAY (CTE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9674D
Insured/Policyholder	
Name Of Registered Owner	BEST MOTOR LEASING & LIMOUSINE SERVICES PTE LTD
Co Reg No	201512366W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68628878

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 HYBRID (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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	17-MG000658-R02
Cover Note Number	

Driver

Name of Driver	VAIRAKKANNU VENKATARAMAN
NRIC No	S7471539G
Date Of Birth	21/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/11/1997
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96343951
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address BLK. 141 SERANGOON NORTH AVENUE 2 #05-18 SINGAPORE
 Postcode 550141
 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 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 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) 2
 Passenger 1 NAME: : PASSENGER
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2879999 - FAX NO: 62815969
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT NO. R/20180324/2148

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 FBF1024U
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver RENE
 NRIC/Passport Number
 Contact Number 84008947
 Address
 Postcode

Insurance Company Name AXA INSURANCE PTE LTD
Nature Of Damage
No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name PILLION
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBF1024U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan Pg. 1

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:

V.V. Ramen 26/3/18 11:29
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



**SINGAPORE
POLICE FORCE**



T/20180324/2148

1 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20180324/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2018 21:01	Vide Report No.: E/20180324/0150	Station Diary No.: 24
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: VAIRAKKANNU VENKATARAMAN		Address: APT BLK 141 SERANGOON NORTH AVENUE 2 #05-18 SINGAPORE 550141	
ID Type / ID No.: NRIC NO / S7471539G		Contact No.: Home/Office: Mobile: 96343951	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 21/07/1974	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2018 19:20	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Towards AYE near 9.5km mark				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBF1024U	Motorcycle				Slightly Damaged	1
SLS9674D	Car	TOYOTA	Axio	Blue	Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20180324/2148

2 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20180324/2148

CONTINUATION OF REPORT

Name	RENE		ID No.	NIL
Related Vehicle	FBF1024U (Motorcycle)		Contact No.	84008947
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	VAIRAKKANNU VENKATARAMAN		ID No.	S7471539G
Related Vehicle	SLS9674D (Car)		Contact No.	96343951
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,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.

On 24/03/2018 @1920hrs, I was driving my vehicle (SLS9674D) along CTE towards AYE near the 9.5km mark and I was travelling on the 3rd lane from the right. I then put on the left signal light as I wanted to move to the 4th lane. After ensuring that it was safe to do so, I started to move to the 4th lane and while I was doing so, suddenly a motorcycle (FBF1024U) came from the rear and hit onto the right rear bumper of my vehicle. I then stopped my vehicle to check on the male rider and female pillion rider who had fallen off from the bike. The rider was not injured in the accident but the female pillion rider was conveyed to Tan Tock Seng Hospital by ambulance. I do not know the extent of the injury sustained by the pillion rider. Traffic police personnel also attended to the case (F/20180324/0150).



**SINGAPORE
POLICE FORCE**



T/20180324/2148

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

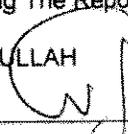
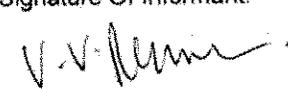
3 of 3
Report No. T/20180324/2148

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: F / SI ABDUL RASHID BIN ABDULLAH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/03/2018 21:01
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 65470000	Classification Of Case:
Authentication Stamp NP168  Signature:  Singapore Police Force	SN 154



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00, Singapore 048580
 Phone: +65 6224 0010 Fax: +65 6224 0030
 Operating Hours: Monday to Friday 9am to 5pm
 GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-045626
 Date of Request: 26/03/2018

Your Ref No: Online Purchase

Prime Auto Claims Service Pte Ltd
 6 Benoi Place
 Singapore 629927

Dear Sir/Madam,

Enquiry Date: 26/03/2018
 Enquiry By: Chrissy Teo Ye En
 TP Vehicle No.: FBF1024U
 Accident Date: 24/03/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
FBF1024U	AXA Insurance Pte Ltd	08/09/2017-07/09/2018	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.