

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	02/05/2018 14:43
Date Of Accident	30/04/2018 19:05
Exact Location Of Accident	ALONG BOUNDARY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY7755U
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Insured/Policyholder

Name Of Registered Owner	KMR CONSTRUCTION & ENGINEERING PTE LTD
Co Reg No	201618731E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB70BB1SRDEA
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093091210
Cover Note Number	

Driver

Name of Driver	SIVALINGAM UDAYAPPAN
NRIC No	S7785222J
Date Of Birth	11/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85039390
Fax Number	
Contact Number	OFFICE-85039390
E-Mail Address	NOEMAIL

Address	BLK 50 CIRCUIT ROAD #02-765
Postcode	370050
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)	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/20180430/7020.

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	FBD3547A
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

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

On the stated date & time, I, vehicle 'A', GY7755U, was stationary on the stated venue due to red light. About 3-5 minutes later, I felt an impact on my stationary vehicle's rear portion. The great impact caused my vehicle to propel forward and my spare tire to dislodge. When I alighted my vehicle, the rider's helmet flew onto my vehicle's rear windscreen and was on my vehicle, and the rider was on the ground. I was on my handbrake prior to the impact, after which, my steering was hard and the handbrake light would not go off.

DECLARATION

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

G. Uday
Policyholder's Signature
Date & Time:



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

[Signature]
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180430/7020

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

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Report No. T/20180430/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2018 21:14		Vide Report No.: F/20180430/0178	Station Diary No.:
Informant's Particulars			
Name of Informant: SIVALINGAM UDAYAPPAN		Address: APT BLK 50 CIRCUIT ROAD #02-765 SINGAPORE 370050	
ID Type / ID No.: NRIC NO / S7785222J		Contact No.: Home/Office:	Mobile: 82561726
Nationality: INDIAN		Email: kmggroups@hotmail.com	
Sex: Male	Age: 40	Date of Birth: 11/05/1977	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/04/2018 19:05	Type of Location: Straight Road
Location: BOUNDARY ROAD IN FRONT OF BLK 209 BOUNDARY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD3547A	Motorcycle				Seriously Damaged	1
GY7755U	Lorry	MITSUBISHI	FUSO		Seriously Damaged	1

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180430/7020

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

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Report No. T/20180430/7020

CONTINUATION OF REPORT

Rider			
Name	RIDER	ID No.	NIL
Related Vehicle	FBD3547A (Motorcycle)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/04/2018	Date Discharge	30/04/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	SIVALINGAM UDAYAPPAN	ID No.	S7785222J
Related Vehicle	GY7755U (Lorry)	Contact No.	82561726
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

Brief Details.

ON 30/04/2018 AT ABOUT 19:05HR, I WAS STATIONARY ON BOUNDARY ROAD AS IT WAS RED LIGHT. SUDDENLY ABOUT 3-5 MINUTES LATER, I FELT AN IMPACT ON MY STATIONARY VEHICLE'S REAR PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO PROPEL FORWARD & MY SPARE TIRE TO DISLODGE. WHEN I ALIGHTED MY VEHICLE, THE RIDER'S HELMET WAS ON MY VEHICLE AS IT FLEW INTO MY REAR WINDSCREEN. PRIOR TO THE IMPACT, I WAS ON MY HANDBRAKE. AFTERWHICH, MY STEERING WAS HARD & THE HANDBRAKE LIGHT WOULD NOT GO OFF.

THE RIDER WAS THEN CONVEYED TO THE HOSPITAL.

Police Report



SINGAPORE
POLICE FORCE



T/20180430/7020

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

Report No. T/20180430/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/04/2018 21:14
Officer In Charge Of Case: TP / TPHQ / MOHAMMED FADZLY BIN ABDUL AZIZ Contact No.: 65472078	Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

