### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/05/2018 17:28
Date Of Accident	24/05/2018 20:35
Exact Location Of Accident	ALONG AIRPORT BOULEVARD ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM6816L
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	REUBEN.MERVYN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97100555
Alternative Phone No	OFFICE-97100555
Vehicle Particulars	
Manufacturer	HONDA
Model	ACCORD
Exact Purpose for which vehicle was being used at time of accident	DRIVING 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	NO
Policy Number	5097799360
Cover Note Number	
Driver	
Name of Driver	RAYMOND REUBEN MERVYN
NRIC No.	\$7023552 I

 NRIC No
 \$7923552J

 Date Of Birth
 04/08/1979

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/12/2009

Driving Experience 8 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97100555

Fax Number

Contact Number OTHERS-97100555

EMail Address REUBEN.MERVYN@GMAIL.COM

Address BLK 116 ANG MO KIO AVENUE 4

#06-423

Postcode 560116

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 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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 KEBUN BARU NEIGHBOURHOOD POLICE POST

NO

YES

NO

Police Station Address ROAD: BLK 111 ANG MO KIO AVENUE 4, POSTCODE: 560111,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4589999 - FAX NO: 64574454

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

P[LEASE REFER TO SKETCH PLAN

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 GBC2823P

Vehicle Make/Model/Colour NISSAN CABSTAR

**Details Of Properties** 

COMMERCIAL VEHICLE

Name of Driver GOVINDASAMY SENTHIL KUMAR

NRIC/Passport Number F7925629W

Contact Number

Vehicle Category

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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:
  - 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 Persongel's Signature
Name:
ROS-1 Walter

NRIC/FIN No.

## **Accident Sketch Plan**

KETCH PLAN	PIRPORT	BOULHVARD	ROAD
A) 83m 6 B) 4BC 28		图图	
ESCRIBE CIRCUMST	ANCES OF THE ACCIDEN	т	
			wal
		80/10	
	ocht	12018	6276
	Dr. M.	4	
	,		
DECLARATION /We declare the forego	oing particulars are true in e	very respect.	an 30/05/2018
Policyholder's Signature Date & Time:	Date & Tim	not the policyholder)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

#### POLICE REPORT





1 of 2

Report No. F/20180526/2078

### POLICE REPORT (NP299)

Police Station Of Origin Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Tel No: 1800-4589999

Date/Time Report Made	Vide Report No.			Station Diary No.	
26/05/2018 14:21				10	
Name Of Informant	Address				
RAYMUND REUBEN MERVYN	APT BLK 116 ANG MO KIO AVE 4 #06-423 SINGAPORI				
The state of the s	560116				
ID Type / ID No.	Contact No.				
NRIC NO / S7923552J	Home/Office		Mobile		
			97100555		
Nationality	Email Address				
SINGAPORE CITIZEN					
Occupation	Sex	Age	Date of Birth	Race	
EVENTS MANAGER	Male	38	04/08/1979	Indian	
Institution/School Name	Language				
Date/Time Of Incident	Location Of Incident				
24/05/2018 20:35	T2 BOULEVARD SINGAPORE				
	Along Airport Boulevard after Terminal 2 carpark.				

### Brief details.

On 24/05/2018 at about 2035hrs., I was driving my vehicle (SJM 6816 L) along Airport Boulevard when a lorry (GBC 2823 P) filtered into my lane abruptly and collided into my vehicle. I was driving on the right most lane and the lorry filtered in from the middle lane. The driver of the lorry (Govindasamy Senthil Kumar, F7925629M) told me that he wanted to settle the matter privately but till date, he kept dragging the matter and showed no signs of settling it.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sgt 1 NGAN WEI CHEOW	12-2
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2018 14:21
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Staff Sgt TOK WEI WEI, JEFFREY Contact No.: 62180000	Classification Of Case:

Authentication Stamp

### POLICE REPORT





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180526/2078

The front left headlight and bumper is damaged due to the collision and after checking with the car workshop, the repair cost for my vehicle is estimated to be around SGD\$700/-. I wish to state that no one is injured.

As such, I am lodging this police report for my own record purpose.

F / Sgt 1 NGAN WEI CHEOW	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2018 14:21
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Staff Sgt TOK WEI WEI, JEFFREY Contact No.: 62180000	Classification Of Case:
Authentication Stamp	_



















