

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	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	RAYMUND REUBEN MERVYN
NRIC No	S7923552J
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	
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	KEBUN BARU NEIGHBOURHOOD POLICE POST
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?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE 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	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOVINDASAMY SENTHIL KUMAR
NRIC/Passport Number	F7925629W
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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: *Roshni Wajid*
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
F/20180526/2018

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.:

GIARMC SketchPlan form_V1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20180526/2078

1 of 2

POLICE REPORT (NP299)

Report No. F/20180526/2078

Police Station Of Origin
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

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

F / Sgt 1 NGAN WEI CHEOW

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Staff Sgt TOK WEI WEI, JEFFREY
Contact No.: 62180000

Authentication Stamp

Signature Of Informant:

Date/Time:
26/05/2018 14:21

Classification Of Case:

POLICE REPORT



SINGAPORE
POLICE FORCE



F/20180526/2078

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.

Signature Of Officer Recording The Report:

F / Sgt 1 NGAN WEI CHEOW

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Staff Sgt TOK WEI WEI, JEFFREY
Contact No.: 62180000

Authentication Stamp

Signature Of Informant:

Date/Time:
26/05/2018 14:21

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



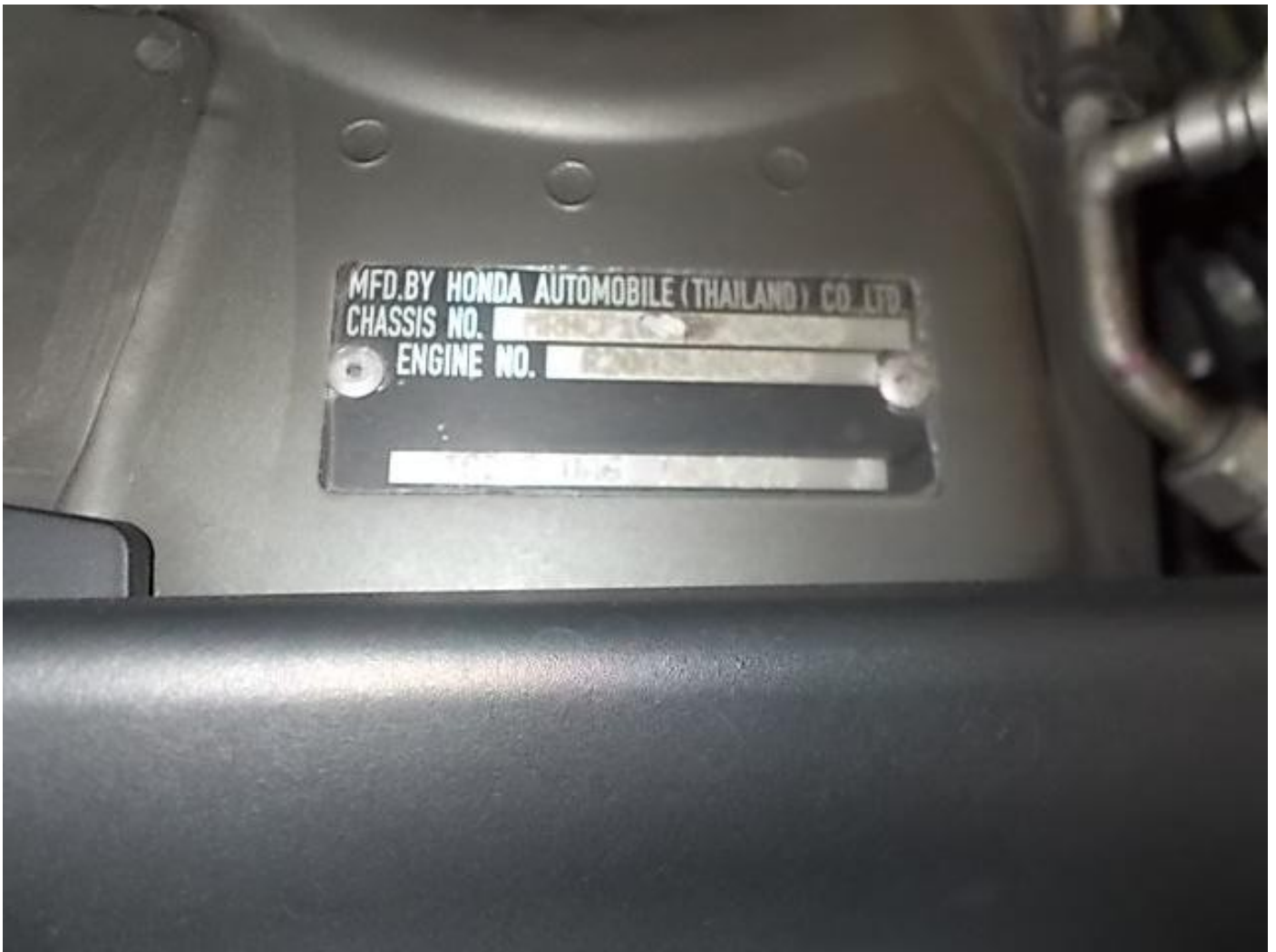
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel: (65) 6224 0010 Fax: (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA418070306 Vehicle Registration No: SJM6816L
 Name (as shown in NRIC): RAYMUND RAUBEN MERVYN NRIC/FIN/Passport No: S7923552J
☒ Vehicle Driver ☐ Vehicle Owner (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97100555
 Email Address: _____
 Date of Accident: 24/05/2018 Time of Accident: 20:35
 Place of Accident: ALONBY AIRPORT BOULEVARD ROAD
 Insurance Company: XINUC

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER NAME TO RAYMUND RAUBEN MERVYN

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Rashid
 NRIC/FIN No.: UAT003
 Date: 07/06/2018