

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	11/06/2018 17:05
Date Of Accident	09/06/2018 11:50
Exact Location Of Accident	ECP (CITY) BEFORE LAGUNA FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2219G
Insured/Policyholder	
Name Of Registered Owner	MR COSTA JOHN
NRIC No	S1124090I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91021424
Alternative Phone No	OFFICE-91021424

Vehicle Particulars

Manufacturer	HONDA
Model	FREED 1.5G A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MW000497-R03
Cover Note Number	

Driver

Name of Driver	COSTA JOHN
NRIC No	S1124090I
Date Of Birth	28/01/1955
Occupation	INDOOR
Date Of Driving Pass	30/07/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91021424
Fax Number	
Contact Number	OFFICE-91021424
EEmail Address	NOEMAIL

Address	BLK 51 NEW UPPER CHANGI ROAD #02-1520
Postcode	461051
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?	YES
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)	2
Passenger 1	NAME: : ROY COSTA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180611/2108.

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	XD5016S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KARUPPUSAMY SIVAKUMAR
NRIC/Passport Number	G7578129L
Contact Number	63688936
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name COSTA JOHN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJN2219G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ROY COSTA

Approximate Age

Injuries Sustain KNEE

Injured person in which vehicle? SJN2219G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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)**

(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.

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

Accident Sketch Plan

SKETCH PLAN

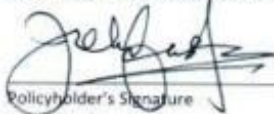
Handwritten sketch plan on a grid background. The sketch shows a vertical road with a dashed center line. On the left side of the road, the text "ECP (City)" is written vertically. In the center of the road, there are two small rectangular boxes, one labeled "A" and one labeled "B", stacked vertically. To the right of the road, the text "A: SJN22196" and "B: XJ 50165" is written.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180611/2108.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180611/2108

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 4

Report No. T/20180611/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2018 16:37	Vide Report No.:	Station Diary No.: 35
--	------------------	--------------------------

Informant's Particulars

Name of Informant: COSTA JOHN			Address: APT BLK 51 NEW UPPER CHANGI ROAD #02-1520 SINGAPORE 461051		
ID Type / ID No.: NRIC NO / S1124090I			Contact No.: Home/Office: Mobile: 91021424		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 28/01/1955	Type of Informant: Driver		
Race: Annamite			Language:	Institution / School Name:	
Occupation: Premises and facilities maintenance officer			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2018 11:50	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY				
Before exit 7B				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SJN2219G	Car	HONDA	FREED 1.5G A	Blue	Slightly Damaged	1
XD5016S	Lorry				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN2219G	TOKIO MARINE INSURANCE SINGAPORE LTD.	MW000497	09/02/2015	08/02/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180611/2108

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

2 of 4

Report No. T/20180611/2108

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	COSTA JOHN	ID No.	S1124090I
Related Vehicle	SJN2219G (Car)	Contact No.	91021424
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KARUPPUSAMY SIVAKUMAR	ID No.	G7578129L
Related Vehicle	XD5016S (Lorry)	Contact No.	63688936
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 09/06/2018 at about 1147hrs, I was travelling in my vehicle (SJN2219G) along ECP towards city on the 2nd lane from the left. Just before the exit 7B, I noticed that there was a long jam ahead the road and slowed my vehicle down and came to a stop. I then checked my rear mirror and saw there was one lorry (XD5016S) behind my vehicle and was not slowing down. I then immediately stepped onto my brakes and told my son who was sitting by my left side to hold on. Immediately, there was an impact from my rear which caused my vehicle to be pushed forward however did not collide to any other vehicle. I then slowly shift my vehicle to the road shoulder and the lorry also followed and stopped behind my vehicle. I then came out to make a check on the damage and discovered the rear of my vehicle was already damaged. The driver of the lorry also came out of the vehicle and made a check. Both of us then took photograph of the scene and we both exchanged particulars and left the scene.

I wished to inform that I did not felt any pain at the point of accident. However, on 10/06/2018 at about 0900hrs I then started feeling pain on my neck and back area. My son had also complaint pain on his both knee however he does not wish to consult any doctor. I then went to Changi General Hospital and was given a medical certificate from 11/06/2018 to 13/06/2018.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180611/2108

Police Station Of Origin;
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 4

Report No. T/20180611/2108

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20180611/2108

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

4 of 4

Report No. T/20180611/2108

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:

G /

Sgt 3 WONG WEI MIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/06/2018 16:37

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Medical Cert



ORIGINAL

MEDICAL CERTIFICATE

EMD2018112599

Name COSTA JOHN		NRIC No. S1124090I	
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>11-Jun-2018</u> to <u>13-Jun-2018</u> inclusive.			
Type of medical leave granted :			
<input type="checkbox"/> Hospitalization Leave		<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____		<input type="checkbox"/> Maternity Leave, Delivered on : _____	
Discharged on : _____		<input type="checkbox"/> Sterilization Leave, Operated on : _____	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.			
Hospital/Clinic Emergency Medicine Changi General Hospital		Ward No. CGH Accident & Emergency Date 11-Jun-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. DENNIS CLEMENT FORSYTHE, 62805J

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

