

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	20/06/2018 13:19
Date Of Accident	19/06/2018 17:15
Exact Location Of Accident	ALLAMANDA GROVE AND JLN HAJI ALIAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5781K
Insured/Policyholder	
Name Of Registered Owner	NET LINK LEASING PTE. LTD.
Co Reg No	201601105K
Email Address	NETLINKLEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90267602
Alternative Phone No	OFFICE-88281661

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	RENTAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5077436906-02
Cover Note Number	29/01/2018 - 28/01/2019

Driver

Name of Driver	RESHIBALAN MARIAPPAN
NRIC No	S9219380B
Date Of Birth	14/05/1992
Occupation	INDOOR
Date Of Driving Pass	28/03/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97582151
Fax Number	
Contact Number	
Email Address	RESHIBALANMARIAPPAN92@HOTMAIL.COM

Address	BLK 217 JURONG EAST ST 21 #02-553
Postcode	600217
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING AT ABOUT 0515PM ON ALLAMANDA GROVE. MY VEHICLE PLATE NO GBG5781K WAS APPROACHING BEFORE THE STOP LINE AND WAS HIT BY VEHICLE PLATE NO SKQ9145Y WHILE SHE WAS TURNING FROM JALAN HAGI ALIAS TO ALLAMANDA GROVE. THE VEHICLE CAME IN MY LANE AND CAUSES DAMAGES TO MY FRONT RIGHT SIDE OF THE VEHICLE. REFER TO ATTACHED POLICE REPORT (T/20180620/2033)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ1945Y
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	RIGHT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	VAN NORMAN SAMANTHA BING
NRIC/Passport Number	G6031626R
Contact Number	96491185
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	RESHIBALAN MARIAPPAN
Approximate Age	
Injuries Sustain	NECK,RIGHT UPPER ARM, HEADACHE
Injured person in which vehicle?	GBG5781K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 217 JURONG EAST ST 21 #02-553
Postcode	600217

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT/

D.O.A:

Vehicle No:

Make / Model:

Report Date: 6/20/2018 Start Time: 1:40 PM

Reporting Type: End Time: / /

IMPORTANT NOTICE

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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.
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 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.



6/20/2018 13:37

Policyholder's Signature
Date & Time:

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

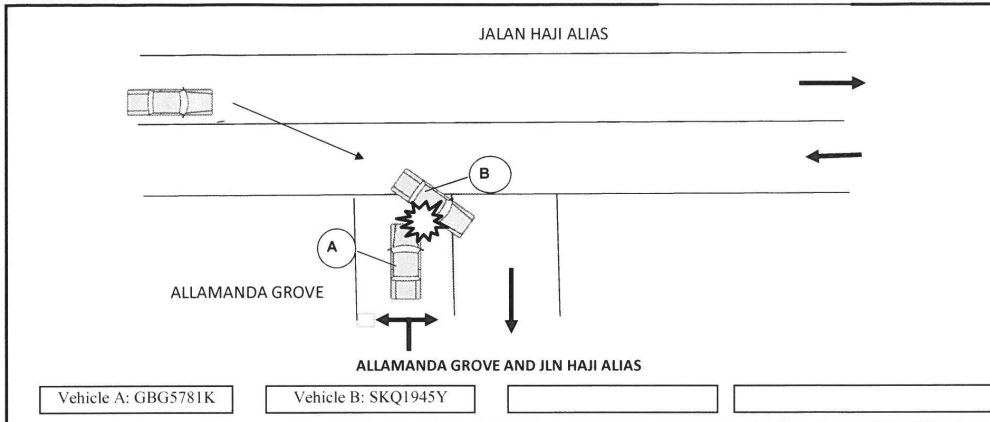
6/20/2018 13:37

Chen JunLiang (S990765)
Care Executive
NR/C/ Fin No: S990765

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NR/C/ Fin No: S990765

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING AT ABOUT 0515PM ON ALLAMANDA GROVE. MY VEHICLE PLATE NO GBG5781K WAS APPROACHING BEFORE THE STOP LINE AND WAS HIT BY VEHICLE PLATE NO SKQ9145Y WHILE SHE WAS TURNING FROM JALAN HAGI ALIAS TO ALLAMANDA GROVE. THE VEHICLE CAME IN MY LANE AND CAUSES DAMAGES TO MY FRONT RIGHT SIDE OF THE VEHICLE.

DECLARATION

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



6/20/2018 13:37

Policyholder's Signature
Date & Time:

A handwritten signature of the driver.

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

6/20/2018 13:37

Chen JunLiang (S990765)
Customer Care Executive
Motor Services Centre

A handwritten signature of the reporting centre personnel.

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765



**SINGAPORE
POLICE FORCE**



T/20180620/2033

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180620/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2018 12:22	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars			
Name of Informant: RESHIBALAN MARIAPPAN		Address: APT BLK 217 JURONG EAST STREET 21 #02-553 SINGAPORE 600217	
ID Type / ID No.: NRIC NO / S9219380B		Contact No.: Home/Office: Mobile: 97582151	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 14/05/1992	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2018 17:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 JALAN HAJI ALIAS ALLAMANDA GROVE Junction of Jalan Haji Alias and Allamanda Grove.				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5781K	Van				Seriously Damaged	0
SKU1945Y	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20180620/2033

2 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180620/2033

CONTINUATION OF REPORT

Driver			
Name	RESHIBALAN MARIAPPAN	ID No.	S9219380B
Related Vehicle	GBG5781K (Van)	Contact No.	97582151
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/06/2018	Date Discharge	20/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 19/06/2018 at about 1715hrs along Allamanda Grove, I stopped my vehicle GBG5781K before the stop line and was hit by vehicle SKQ1945Y while she was turning from Jalan Hagi Alias to Allamanda Grove.

The vehicle came in my lane & causes damages to my front right side of the vehicle. Due to that I felt soreness in my neck area, headache and also numbness to my right upper arm. Therefore, I went to Mount Alvernia hospital to get consultation and was given 5 days medical leave to rest at home.

No police attended to the scene, there is in car camera and I am lodging this report for the purpose of claiming my medical insurance.

**SINGAPORE
POLICE FORCE**

T/20180620/2033

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20180620/2033

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:

D /

Sgt 2 OW WOAN TING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/06/2018 12:22

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

