

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 | 23/06/2018 14:58 |
| Date Of Accident | 22/06/2018 15:50 |
| Exact Location Of Accident | KILLINEY ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SLV9160D |
| Insured/Policyholder | |
| Name Of Registered Owner | JAYANDRAN KENNETH NELSON |
| NRIC No | S7526055E |
| Email Address | KENNETHJAYANDRAN@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-97974717 |
| Alternative Phone No | OTHERS-97974717 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | CIVIC |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | ETIQA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MA001725 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | JAYANDRAN KENNETH NELSON |
| NRIC No | S7526055E |
| Date Of Birth | 19/09/1975 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/06/1993 |
| Driving Experience | 25 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97974717 |
| Fax Number | |
| Contact Number | OTHERS-97974717 |
| EEmail Address | KENNETHJAYANDRAN@YAHOO.COM |

| | |
|---|---|
| Address | APT BLK 435A FERNVALE ROAD #14-198 SINGAPORE 791435 |
| Postcode | |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 0 |

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 |
| 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 THE POLICE REPORT.

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 | CB7553D |
| Vehicle Make/Model/Colour | BUS |
| Details Of Properties | NIL |
| Vehicle Category | BUS |
| Name of Driver | NIL |
| NRIC/Passport Number | |
| Contact Number | NIL |
| Address | NIL |
| | NIL |
| Postcode | NIL |
| Insurance Company Name | |
| Nature Of Damage | NIL |

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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)

I understand, acknowledge, agree and consent that:

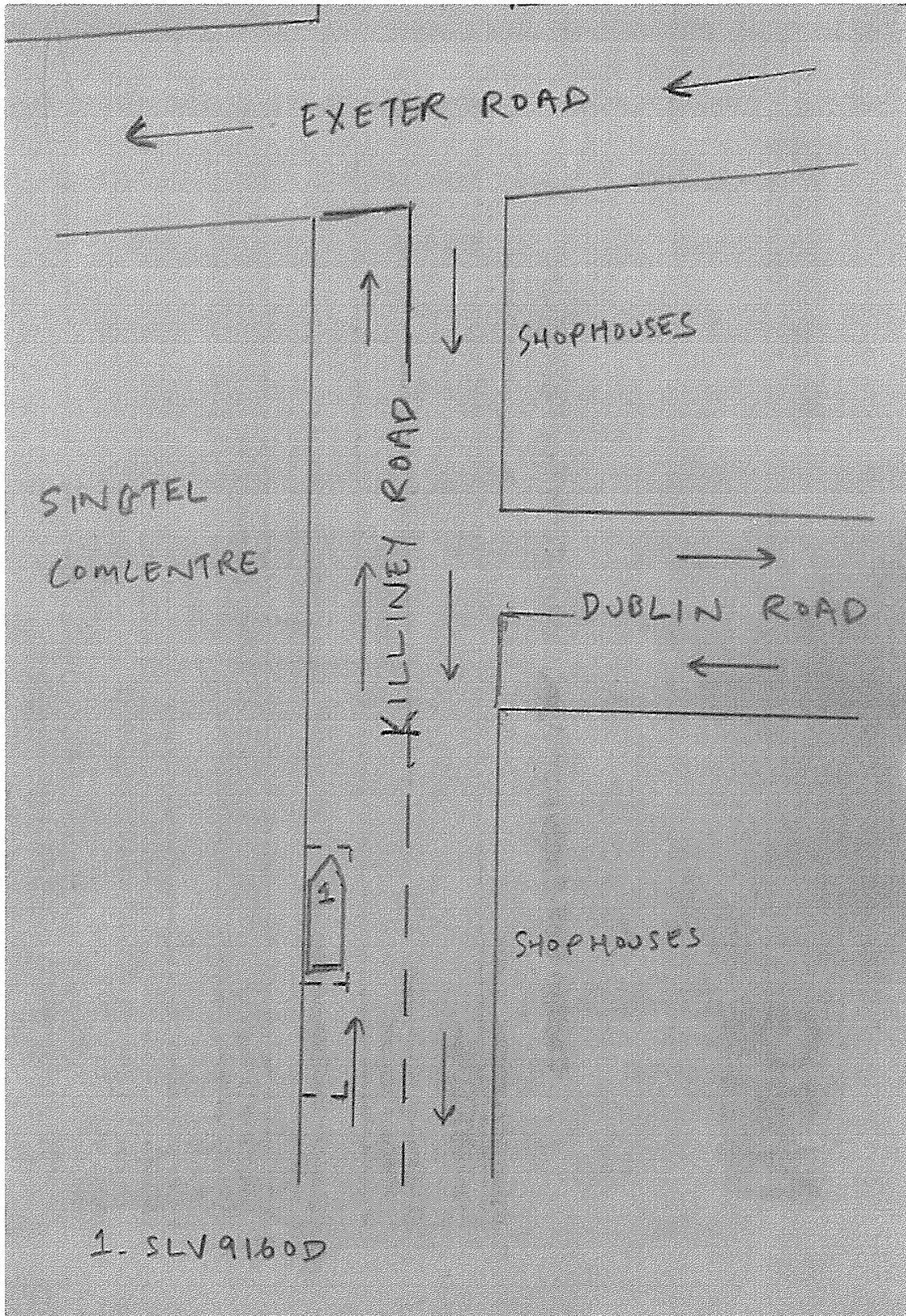
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 23/06/2018 3.10 PM

Driver's Signature
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 73 Jun 2018







**SINGAPORE
POLICE FORCE**



T/20180623/7001

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

1 of 4
Report No. T/20180623/7001

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 23/06/2018 00:29 | Vide Report No.: E/20180622/0086 | Station Diary No.: |
|--|-------------------------------------|--------------------|

Informant's Particulars

| | | | |
|--|------------|---|-------------------------------------|
| Name of Informant: JAYANDRAN KENNETH NELSON | | Address: BLK 61 MIMOSA ROAD #08-61 SINGAPORE 808015 | |
| ID Type / ID No.: NRIC NO / S7526055E | | Contact No.: Home/Office: Mobile: 97974717 | |
| Nationality: SINGAPORE CITIZEN | | Email: kennethjayandran@yahoo.com | |
| Sex: Male | Age: 42 | Date of Birth: 19/09/1975 | Type of Informant: Vehicle Owner |
| Race: Indian | | Language: English | Institution / School Name: |
| Occupation: Telecommunications engineer | | Driving Licence Information: Class: 2B,3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|----------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 22/06/2018 15:57 | Type of Location: Straight Road |
| Location: KILLINEY ROAD Along Killiney Road towards Exeter Road just outside the entrance to the Singtel shop | | | | |
| Weather: Sunny | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------------------------------------|-------|---------------|-------|------------------|-----------------|
| CB7553D | Bus/Coach/Minibus (School Children) | | | | | 0 |
| SLV9160D | Car | HONDA | Civic 1.6 VTI | Black | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|------------------------|--------------|------------|-------------|
| SLV9160D | ETIQA INSURANCE BERHAD | MA001725 | 06/02/2018 | 05/02/2019 |



**SINGAPORE
POLICE FORCE**



T/20180623/7001

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

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Report No. T/20180623/7001

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------------|--|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Vehicle Owner | | | |
| Name | JAYANDRAN KENNETH NELSON | ID No. | S7526055E |
| Related Vehicle | SLV9160D (Car) | Contact No. | 97974717 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | Unknown | ID No. | NIL |
| Related Vehicle | NIL | Contact No. | NIL |
| 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.

I parked my car at 3.28 in a parallel lot along Killiney Road. Upon returning to my car at 5.28pm I noticed a handwritten note on the windscreen. The note read "A school bus CB7553D at 3.57pm, 22/6/18 hit the right side of your car". I also noticed a case card from the Traffic Investigation Branch, Traffic Police on the windscreen. The following details were written on the case card:

Report No.: E/20180622/0086
Traffic Accident along Killiney Rd > Exeter Rd
on 22/6/18

Lodge MP 168
Traffic Accident Report

Name: IO Jamie
Contact: 65476397

I checked the right side of my car and found that a big dent and white paint marks above the front right tyre. I also found that the front driver side door could not be opened fully.



**SINGAPORE
POLICE FORCE**



T/20180623/7001

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

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Report No. T/20180623/7001

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180623/7001

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

4 of 4

Report No. T/20180623/7001

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: 23/06/2018 00:29 |
| Officer In Charge Of Case: TP / TPIB / NG CHWEE THENG Contact No.: 65476397 | Classification Of Case: |

Authentication Stamp
NP168



INTERVIEW FORM

Name (Driver) : Jayandran Kenneth Nelson
 Policy No : MA 001725
 Vehicle No : SLV9160D
 Place of Accident : Killiney Road
 Insured Driver's relationship with Insured : Insured
 Drink Driving of Insured and/or Insured Driver : No. / N/A
 No of passenger(s) in Insured vehicle : 0 (parked)

Injury to Insured and/or Insured driver, please indicate which hospital:
N/A

Third Party Vehicle No (if any) : CB 7553 D
 No of passenger(s) in Third Party Vehicle : unknown

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
unknown

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
parked and found damaged / hit and Run.

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
Yes

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Ku
 Driver (Name & Signature) / Date
 I, affirmed the above information is given to my best knowledge

Kan Fook Sing
 Attended by (Signature) / Date
 Workshop Name: Kan Fook Sing Motor
W/Shop

Etiqa Insurance Pte Ltd
 One Raffles Quay
 #22-01 North Tower
 Singapore 048583

T +65 63360477
 F +65 63392109

www.etiqa.com.sg
 Company Reg. No. 20131905K





MX1
21300123
COV.Type: CO

CERTIFICATE OF INSURANCE

• MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

| | |
|---|--|
| CERTIFICATE No. MA001725 | |
| 1. Index Mark and Registration Number of Vehicle | SLV9160D |
| 2. Name of Policyholder | JAYANDRAN KENNETH NELSON |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 06/02/2018 |
| 4. Date of Expiry of Insurance | 05/02/2019 |
| 5. Persons or Class of Persons entitled to drive (A) THE POLICYHOLDER. THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION. | Engine No.: R16A13002380 Chassis No.: JHMFD46208S200782 Excess (Named Drivers): S\$200.00 Excess (Unnamed Drivers): S\$700.00 |
| JAYANDRAN KENNETH NELSON | JAYANDRAN WALTER MUTHU |
| PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE. | |
| 6. Limitations as to use | USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION. |
| THE POLICY DOES NOT COVER: (i) USE FOR HIRE OR REWARD. (ii) USE FOR RACING, PACE MAKING, RELIABILITY TRIAL OR SPEED-TESTING. (iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS. (iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE. | |
| * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings. | |

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association Of Singapore (GIA) / Life Insurance Association Singapore (LIA) / SDIC websites (www.gia.org.sg / www.lia.org.sg / www.sdic.org.sg).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV for the Road Transport Act, 1987 (Malaysia).

For and on behalf of Etiqa Insurance Pte. Ltd.
Approved Insurer

Authorised Signature

Police case card Pg. 1



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.: E2012637/0086
Traffic Accident along Wyvern Rd > Beater Rd.
involving vehicles: _____
on 22/6/12 at about _____ am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on _____
at about _____ am/pm to see the Investigation Officer to assist in the
investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit *badge no 168*
- b) Driving Licence/Vocational Licence *Traffic Accident*
- c) Vehicle Insurance/Medical Certificate *report*
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: EO BOWIE
Contact: 6547 6397

A school bus CB 7553D at 3:57pm,
22/6/18 hit ~~into~~ the right side
of your car.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

