

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 15:19
Date Of Accident	18/06/2018 21:40
Exact Location Of Accident	ALONG JOO CHIAT ROAD TWDS KOON SENG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG234G
Insured/Policyholder	
Name Of Registered Owner	OWN WHEELS PTE. LTD.
Co Reg No	201708754H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97879482

Vehicle Particulars

Manufacturer	HONDA
Model	GLH125
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5090419341-01
Cover Note Number	

Driver

Name of Driver	PANNIRSELVAM S/O KRISHNAN
NRIC No	S1577017A
Date Of Birth	05/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1988
Driving Experience	29 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97879482
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 569 PASIR RIS STREET 51 #09-72
Postcode	510569
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	COLLISION - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT NO. T/20180619/2134.

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	SJY1388A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	PANNIRSELVAM S/O KRISHNAN
Approximate Age	
Injuries Sustain	14 DAYS MC
Injured person in which vehicle?	FBG234G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 569 PASIR RIS STREET 51 #09-72
Postcode	510569

Sketch Plan

SKETCH PLAN

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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:

[Signature] 2006.8

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

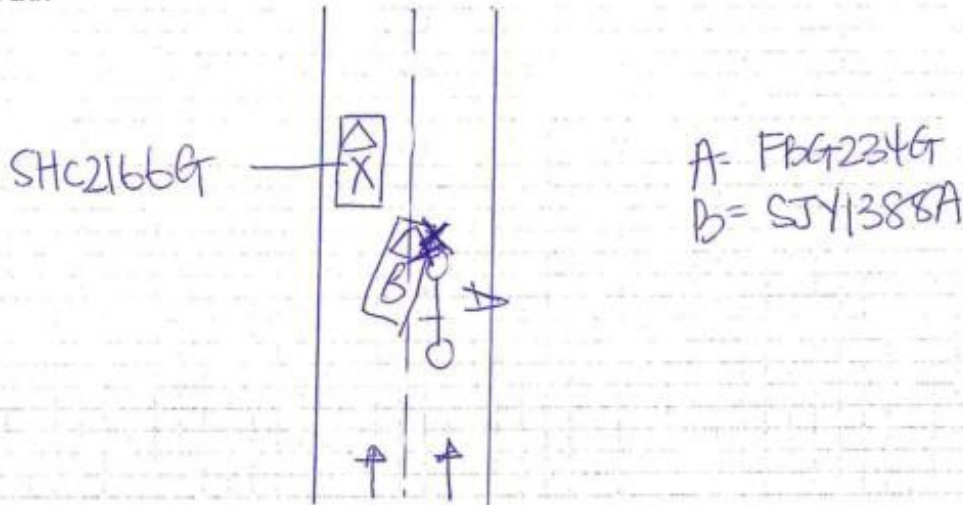


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

ALONG JOOCHIAT ROAD TUBS KOEN SENG ROAD.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report no. 7/20180619/2134.

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180619/2134

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

1 of 3

Report No. T/20180619/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2018 16:48			Video Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: PANNIRSELVAM S/O KRISHNAN			Address: APT BLK 509 PASIR RIS ST 51 #09-72 HDB-PASIR RIS SINGAPORE 512569		
ID Type / ID No.: NRIC NO / S1577017A			Contact No.: Home/Office: Mobile: 97879482		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 05/05/1963	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: GRAB FOOD RIDER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/06/2018 21:40	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 JOO CHIAT ROAD KOON SENG ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FDG234G	Motorcycle	HONDA	GLH125	Blue		0
SHC2160G	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0
SJY1368A	Car	MERCEDES BENZ	E200 AVG (R18 LED)	White		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180618/2134

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No. T/20180618/2134

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PANNIRSELVAM S/O KRISHNAN	ID No.	S1577017A
Related Vehicle	FBG234G (Motorcycle)	Contact No.	97679482
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/06/2018	Date Discharge	19/06/2018
No. of Days granted Medical Leave	14	Degree of Injury	NIL

Brief Details.

ON 18/6/2018 AT ABOUT 2140HRS AT JOO CHIAT ROAD,

I WAS TRAVELLING ALONG JOO CHIAT ROAD ON THE RIGHT LANE. THERE WAS A CAR ON THE LEFT OF ME. SUDDENLY, THE CAR FILTERED TOWARDS MY LANE AND COLLIDED INTO ME AS I COULD NOT REACT IN TIME. HE FILTERED AS THERE WAS A TAXI PARKED IN FRONT OF HIM. AS HE WAS BESIDE ME, I DID NOT NOTICED IF HE SIGNALLED OR NOT. AFTER THE ACCIDENT, TRAFFIC POLICE ARRIVED AND AMBULANCE CONVEYED ME CHANGI GENERAL HOSPITAL.

Police Report



SINGAPORE
POLICE FORCE



T/20180815/2134

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

3 of 3

Report No. T/20180815/2134

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 65474985 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GRT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
APR18

Signature Of Informant:

Date/Time:
19/06/2018 16:48

Classification Of Case:

8 Jun 2018

MEDICAL CERTIFICATE



Changi
General Hospital
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

EMD2018117021

Name PANNIRSELVAM S/O KRISHNAN		MRC No. S1577017A
This is to certify that the above-named person is unfit for duty for a period of <u>14</u> days from <u>18-Jun-2018</u> to <u>01-Jul-2018</u> . Indicate:		
Type of medical leave granted:		
<input checked="" type="checkbox"/> Hospitalised Leave	<input type="checkbox"/> Outpatient Leave	
<input type="checkbox"/> Maternity Leave	<input type="checkbox"/> Maternity Leave	Maternity No. <u> </u>
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Sick Leave	Sick Leave No. <u> </u>
This certificate is not valid for absence from court attendance.		
Diagnosis		Surgical Condition (if applicable)
Fit for duty from <u>N/A</u> to <u>N/A</u>		
The above named patient attended my clinic at <u>N/A</u> and that <u>N/A</u>		
No medical leave is necessary.		
Emergency Medicine Changi General Hospital	Ward No. CCU Accident & Emergency Date 18-Jun-2018	Signature, Name MOHOCK LITTONS and Designation MRC No. LAKSHMIN, SORABE