

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	09/07/2018 15:36
Date Of Accident	07/07/2018 22:30
Exact Location Of Accident	PIE TWDS TUAS NEAR BKE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC3746R
Insured/Policyholder	
Name Of Registered Owner	GAYATHIRI D/O SELVAM
NRIC No	S8510017C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83839203
Alternative Phone No	OTHERS-83839203

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094703111
Cover Note Number	

Driver

Name of Driver	GAYATHIRI D/O SELVAM
NRIC No	S8510017C
Date Of Birth	29/03/1985
Occupation	INDOOR
Date Of Driving Pass	08/09/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83839203
Fax Number	
Contact Number	OTHERS-83839203
Email Address	NOEMAIL

Address	BLK 546B SEGAR ROAD #14-57
Postcode	672546
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	CHAIN COLLISION
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?	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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7629999 - FAX NO: 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180708/2065

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	SHC1488J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ3863A
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 GAYATHIRI D/O SELVAM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKC3746R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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.

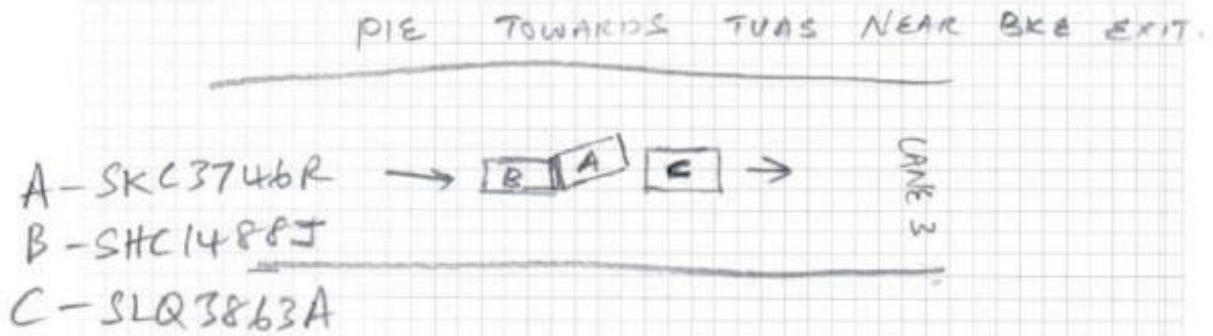
(e) the information so collected under (d) above may be shared / disclosed:

- (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.: _____

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180708/2065

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.:

9/7/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180708/2065

2 of 3

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye, Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20180708/2065

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC3746R	NTUC Income Insurance Co-Operative Limited	5094703111	01/10/2017	30/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAYATHIRI D/O SELVAM	ID No.	S8510017C
Related Vehicle	SKC3746R (Car)	Contact No.	83839203
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	07/07/2018	Date Discharge	07/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 07/07/2018 at about 2230hrs, I was travelling in my car on the 3rd lane at PIE towards Tuas near BKE exit. The traffic was heavy and I came to a complete stop in my lane. I decided to change lane and switched on my signal. When I was about to move off, I felt an impact to the rear of my car. The impact caused my car to hit another car in front of me in the lane. I stepped out of my vehicle and checked. A taxi (SHC1488J) had hit onto my car and caused my car to hit the car in front of me (SLQ3863A). We exchanged particulars and I called for a tow truck as my vehicle could not move. My car airbag was released and this caused my in car camera to be damaged. I felt pain on my head, shoulders, spine and hand.

Shortly after, Police came and I left the scene to seek medical advise. I suffered burnt abrasion on my right hand, back and neck injury as a result of the accident. I received 7 days MC. My passenger namely R Panumadi S1345245H suffered injury as well and received 6 days MC.

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



Police Report



**SINGAPORE
POLICE FORCE**



T/20180708/2065

1 of 3

Report No. T/20180708/2065

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2018 17:21	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: GAYATHIRI D/O SELVAM			Address: APT BLK 546B SEGAR ROAD #14-57 SINGAPORE 672546	
ID Type / ID No.: NRIC NO / S8510017C			Contact No.: Home/Office:	Mobile: 83839203
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 33	Date of Birth: 29/03/1985	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: CONSTITUENCY MANAGER			Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/07/2018 22:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards tuas near BKE Exit	Road Surface: Dry	Road Speed Limit: 80 Km/h	Traffic Volume: Heavy	Anyone conveyed by ambulance: No
Weather: Clear	Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Type of Collision: Between Moving Vehicles - Head To Rear	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1488J	Car					0
SKC3746R	Car	HONDA	FIT 1.3G A	White	Seriously Damaged	2
SLQ3863A	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T/20180708/2065

2 of 3

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20180708/2065

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC3746R	NTUC Income Insurance Co-Operative Limited	5094703111	01/10/2017	30/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAYATHIRI D/O SELVAM	ID No.	S8510017C
Related Vehicle	SKC3746R (Car)	Contact No.	83839203
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	07/07/2018	Date Discharge	07/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

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Police Report



SINGAPORE
POLICE FORCE



T/20180708/2065

3 of 3

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116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20180708/2065

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:

J /

Sgt 2 MUHAMMAD ADNAN BIN MOHAMED
IBRAHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMMAD ZULKARNIAN BIN
SAMSUDIN

Contact No: 65476429

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

08/07/2018 17:21

Classification Of Case: