

## 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	20/07/2018 11:10
Date Of Accident	20/07/2018 08:45
Exact Location Of Accident	20 UBI AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY5650B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO & GOH CONSTRUCTION PTE LTD
Co Reg No	199104895W
Email Address	ADMIN@NEOGOHCONST.COM.SG
Mobile Phone No	(LOCAL) +65-87225321
Alternative Phone No	OFFICE-87225321

### Vehicle Particulars

Manufacturer	PEUGEOT
Model	PARTNER1.9DM
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5070939155-03
Cover Note Number	

### Driver

Name of Driver	SELVARAJU SELVAKUMAR
Passport No/FIN	G5089982P
Date Of Birth	02/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	18/07/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87225321
Fax Number	
Contact Number	OTHERS-87225321
Email Address	ADMIN@NEOGOHCONST.COM.SG

Address	NEO & GOH CONSTRUCTION PTE LTD
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180720/2139

#### 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	GU3691S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RYAN LIM GUO BING
NRIC/Passport Number	S8614627D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

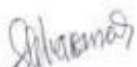
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.


#### 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.

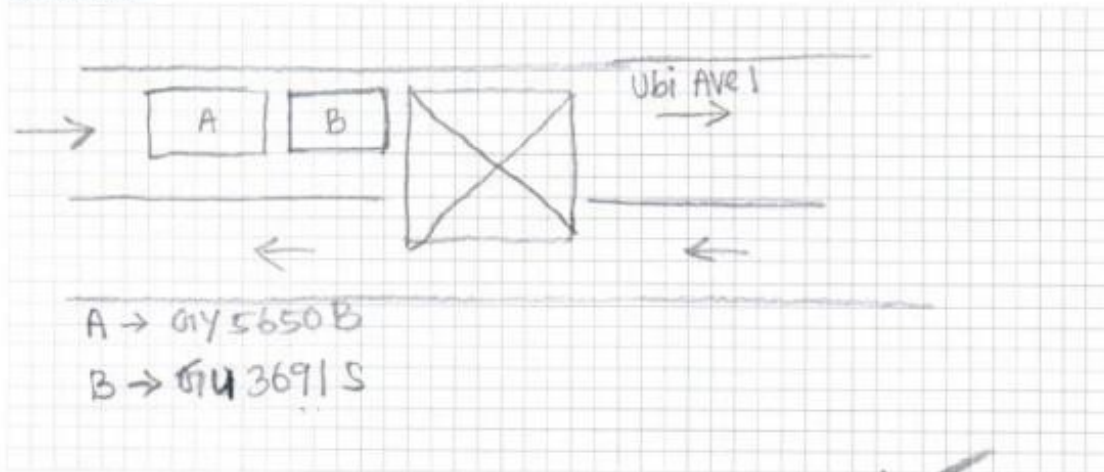
  
Policyholder's Signature  
Date & Time:

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

  
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/20180720/2139*

### DECLARATION

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

X

Policyholder's Signature  
Date & Time:

20180720/2139

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

*...* 20/7/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180720/2139

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20180720/2139

#### CONTINUATION OF REPORT

Driver			
Name	SELVARAJU SELVAKUMAR	ID No.	G5089982P
Related Vehicle	NIL	Contact No.	87225321
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

#### Brief Details.

On 20.07.2018 at about 0845hrs, I was driving my vehicle registration number GY5650B along the said location on the one lane. At that point of the lorry which was in front of me jammed brake before the yellow box. I tried to brake on time however was not able to do so as such I had collided onto my the said vehicle GU3691S. I then came out from my vehicle and make a check and noticed there was no other vehicle in front of the said vehicle GU3691S and there was a distance between the traffic light stop line and yellow box. I wish to state that I did not suffered any injury. There was a passerby who assist us to call ambulance. Few minutes later, ambulance and traffic police arrived at scene. The said vehicle GU3691S, the passenger and the driver was conveyed to hospital. I would like to further state that my front vehicle bumper was dented.

Vide report: G/20180720/0090



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

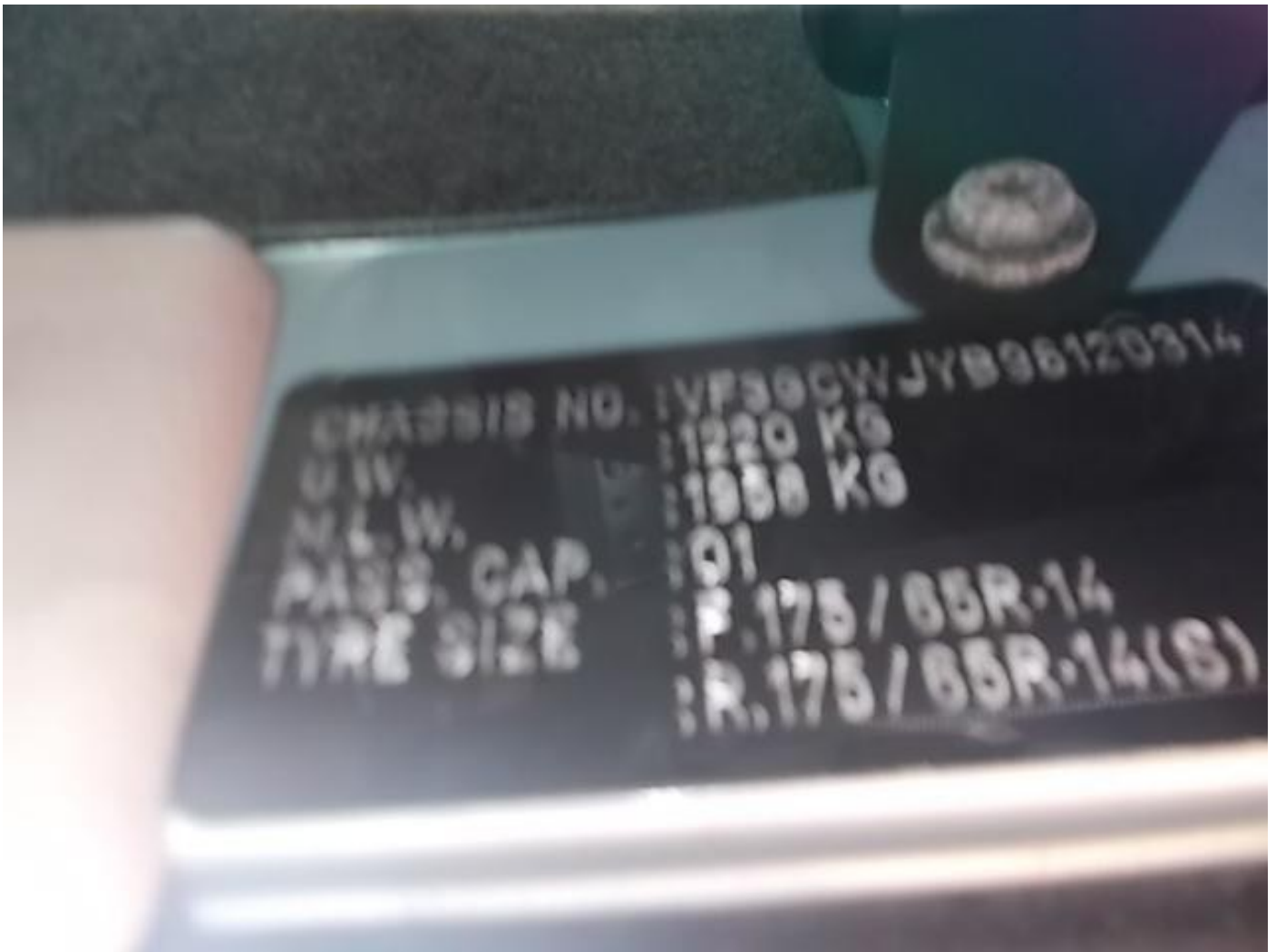




Accident Photo



Accident Photo



Accident Photo





## Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180720/2139

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20180720/2139

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2018 16:18		Vide Report No.: G/20180720/0090		Station Diary No.: 99	
<b>Informant's Particulars</b>					
Name of Informant: SELVARAJU SELVAKUMAR			Address: APT BLK 309 HOUGANG AVENUE 5 #03-291 UBI TECHPARK SINGAPORE 530309		
ID Type / ID No.: FIN NO / G5089982P			Contact No.: Home/Office: Mobile: 87225321		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 02/06/1987	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PROJECT ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/07/2018 08:45	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 1  20 Ubi Avenue 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GU3691S					Slightly Damaged	1
GY5650B	Van				Seriously Damaged	0

## Details of Person Involved

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



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180720/2139

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20180720/2139

### CONTINUATION OF REPORT

<b>Driver</b>			
Name	SELVARAJU SELVAKUMAR		ID No. G5089982P
Related Vehicle	NIL		Contact No. 87225321
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

### Brief Details.

On 20.07.2018 at about 0845hrs, I was driving my vehicle registration number GY5650B along the said location on the one lane. At that point of the lorry which was in front of me jammed brake before the yellow box. I tried to brake on time however was not able to do so as such I had collided onto my the said vehicle GU3691S. I then came out from my vehicle and make a check and noticed there was no other vehicle in front of the said vehicle GU3691S and there was a distance between the traffic light stop line and yellow box. I wish to state that I did not suffered any injury. There was a passerby who assist us to call ambulance. Few minutes later, ambulance and traffic police arrived at scene. The said vehicle GU3691S, the passenger and the driver was conveyed to hospital. I would like to further state that my front vehicle bumper was dented.

Vide report: G/20180720/0090

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180720/2139

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20180720/2139

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 NOORUL NADIAH BINTE HAIRON  
HANWAR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
20/07/2018 16:18

Classification Of Case: