

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 liability.
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 27/11/2018 18:03
Date Of Accident 12/08/2018 12:30
Exact Location Of Accident BALESTIER ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP3575H

Insured/Policyholder

Name Of Registered Owner SM IMPORT & EXPORT PTE LTD
Co Reg No 201602649N
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-81629864
Alternative Phone No OFFICE-81629864

Vehicle Particulars

Manufacturer MITSUBISHI
Model CANTER
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 REPORTING ONLY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number P1970898
Cover Note Number

Driver

Name of Driver PANDI SETHUPATHI
NRIC No S7567525I
Date Of Birth 25/05/1975
Occupation INDOOR
Date Of Driving Pass 09/01/2012
Driving Experience 6 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91434349
Fax Number
Contact Number
Email Address NOEMAIL

Address	BLK 120 SERANGOON NORTH AVE 1 #10-203
Postcode	550120
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COMPANY OWNER FRIEND
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	
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	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2879999 - FAX NO: 62815969
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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	SHB3431P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG AH HONG
NRIC/Passport Number	S7222609G
Contact Number	97811693
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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:

[Handwritten signature]

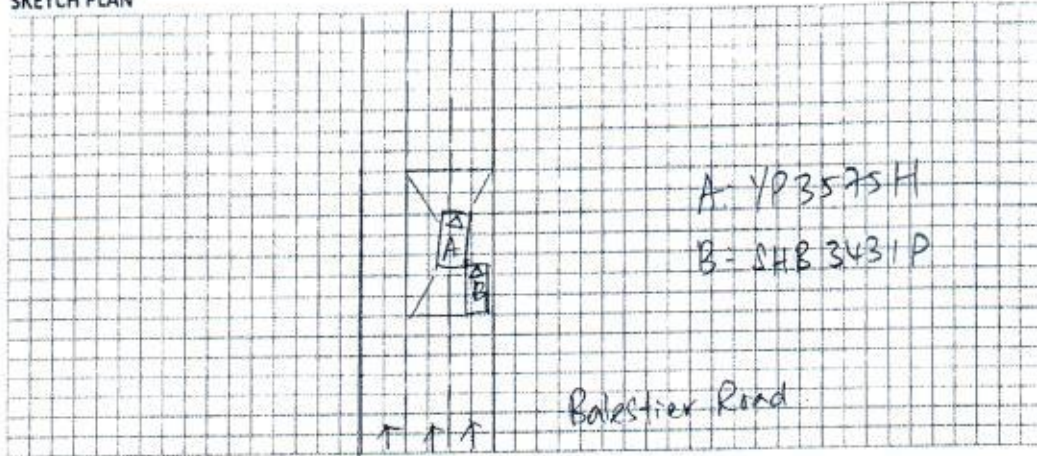
[Handwritten signature]

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



Reporting Centre Personnel's Signature
Name: *[Handwritten signature]*
NRIC/FIN No.: *24/11/18 @ 9.55A*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

DECLARATION

I declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

Company Chop (if applicable)

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

24/11/18 @ 9:50pm



**SINGAPORE
POLICE FORCE**



T/20181007/2087

1 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20181007/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2018 20:24	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: PANDI SETHUPATHI			Address: APT BLK 120 SERANGOON NORTH AVENUE 1 #10-203 SINGAPORE 550120	
ID Type / ID No.: NRIC NO / S7567525I			Contact No.:	Mobile: 91434349
Nationality: INDIAN			Home/Office:	
			Email:	
Sex: Male	Age: 43	Date of Birth: 25/05/1975	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/08/2018 12:30	Type of Location: Straight Road
Location: Along Road 1 BALESTIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB3431P	Car				Slightly Damaged	1
YP3575H	Lorry				Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
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T/20181007/2087

2 of 3

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CONTINUATION OF REPORT

Driver			
Name	Ng Ah Hong	ID No.	S7222609G
Related Vehicle	SHB3431P (Car)	Contact No.	97811693
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
Driver			
Name	PANDI SETHUPATHI	ID No.	S7567525I
Related Vehicle	YP3575H (Lorry)	Contact No.	91434349
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 12/08/2018 at about 1230hrs, I was driving my friend's lorry YP3575H at Balestier road on a three lane road. At the point of time, I wanted to switch to right side lane and there was a enough space for me to change lane. As such, I proceed to change to the right side of the lane and I heard someone horned at me. As such, I got down from my vehicle to make a check and I realized that a taxi (SHB3431P) that was behind me had collided onto the rear right side of my lorry. Both of us then exchange particulars and left the vicinity.

On 04/10/2018, my friend WhatsApp me a letter from TP informing me to lodge a traffic accident report and as such, I am lodging this police report. I would like to state that at the point of time, no one was injured.



**SINGAPORE
POLICE FORCE**



T/20181007/2087

3 of 3

Report No. T/20181007/2087

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Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

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:

F /

Sgt 3 LEE SHENG XIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/10/2018 20:24

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LU

Contact No.: 65476151



Signature:

Classification Of Case:

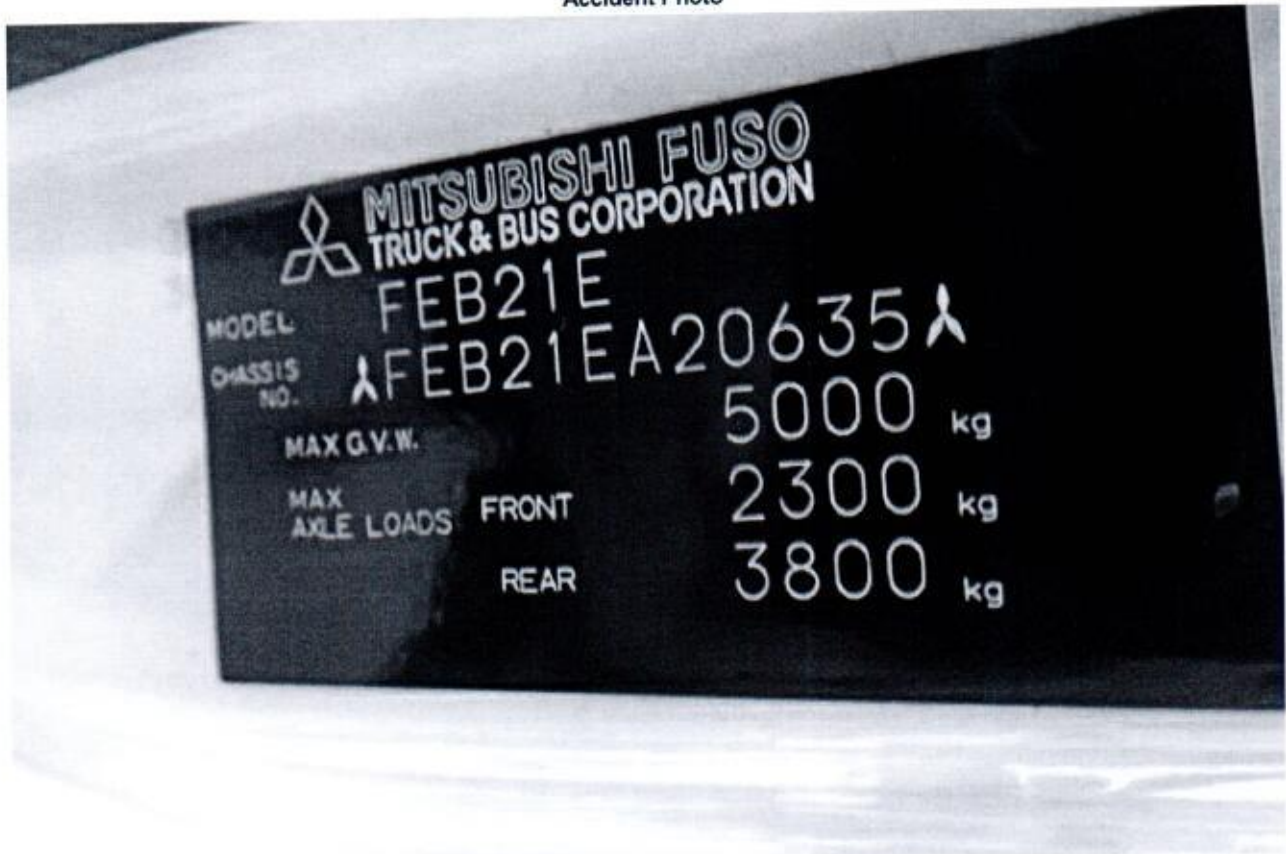
SN 154

Authentication Stamp

NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



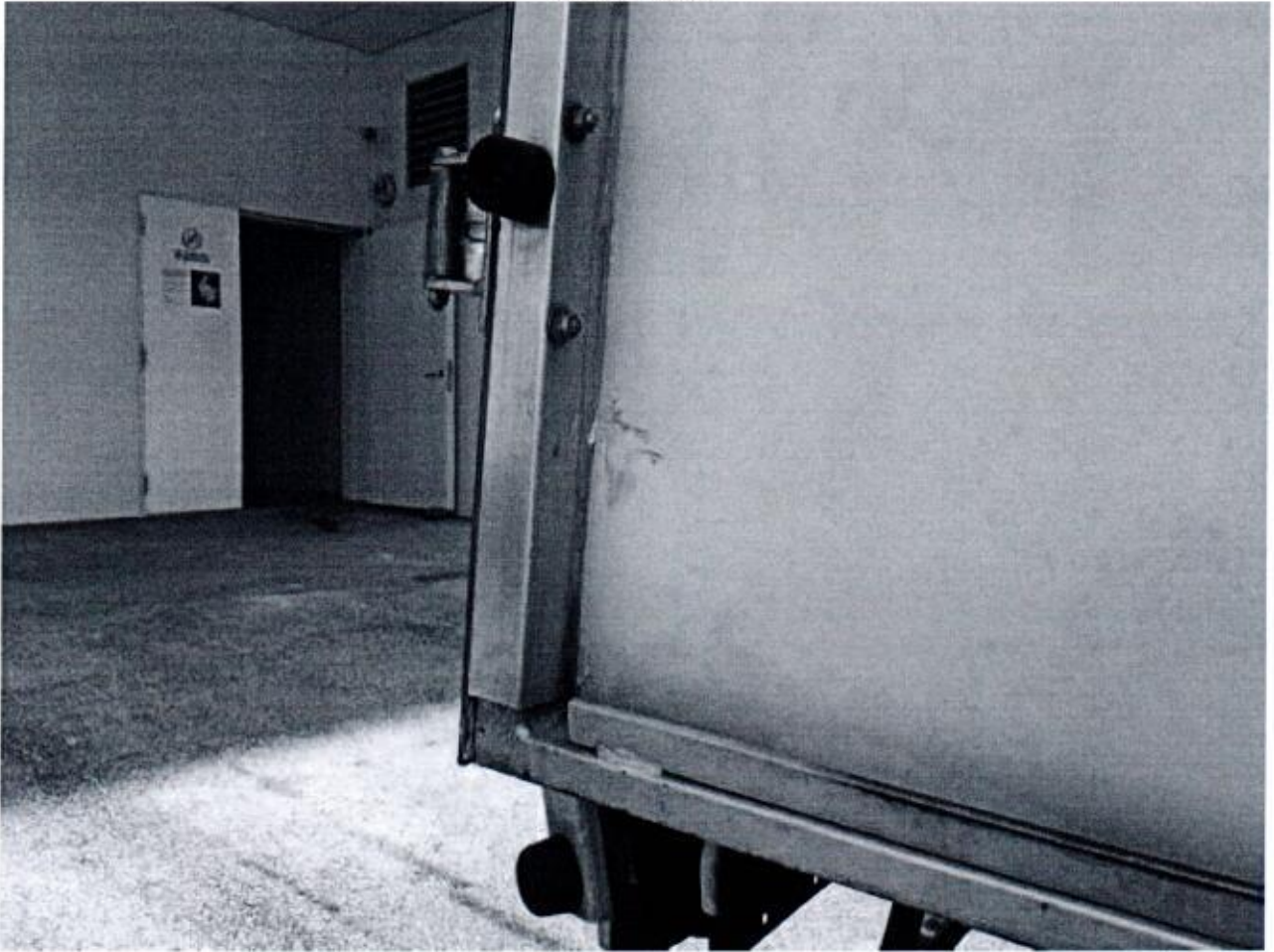
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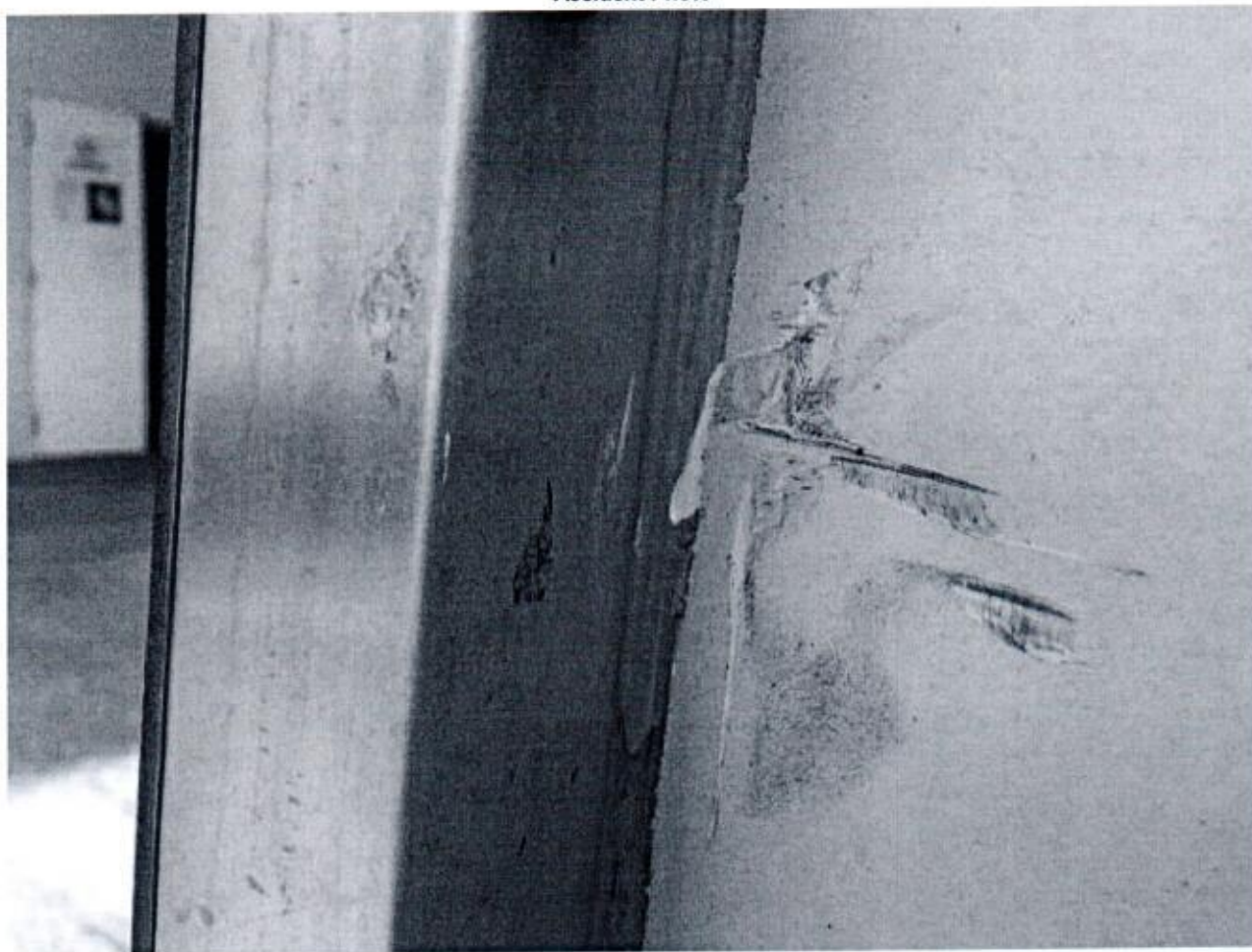
Accident Photo



Accident Photo



Accident Photo



Accident Photo

