

## 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	29/08/2018 14:57
Date Of Accident	28/08/2018 16:45
Exact Location Of Accident	ALONG BURGHLEY DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1814Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ELMA SHIRLEY MONTEIRO
NRIC No	S6824517F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96978969
Alternative Phone No	OFFICE-96978969

### Vehicle Particulars

Manufacturer	HONDA
Model	HONDA JAZZ 1.5L 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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3025661801
Cover Note Number	

### Driver

Name of Driver	MATHIYARASAN S/O DHAKSHINA MURTHI
NRIC No	S1452319G
Date Of Birth	23/11/1960
Occupation	INDOOR
Date Of Driving Pass	21/12/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96978969
Fax Number	
Contact Number	OFFICE-96978969
Email Address	NOEMAIL

Address	8 PARK VILLAS RISE
Postcode	545400
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180829/2046.

#### 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	SJR1999Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEARLYN KOH ENG BUAY
NRIC/Passport Number	S1775878J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	MATHIYARASAN S/O DHAKSHINA MURTHI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJW1814Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 29/8/18, 2 pm

  
Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/8/18, 2 pm

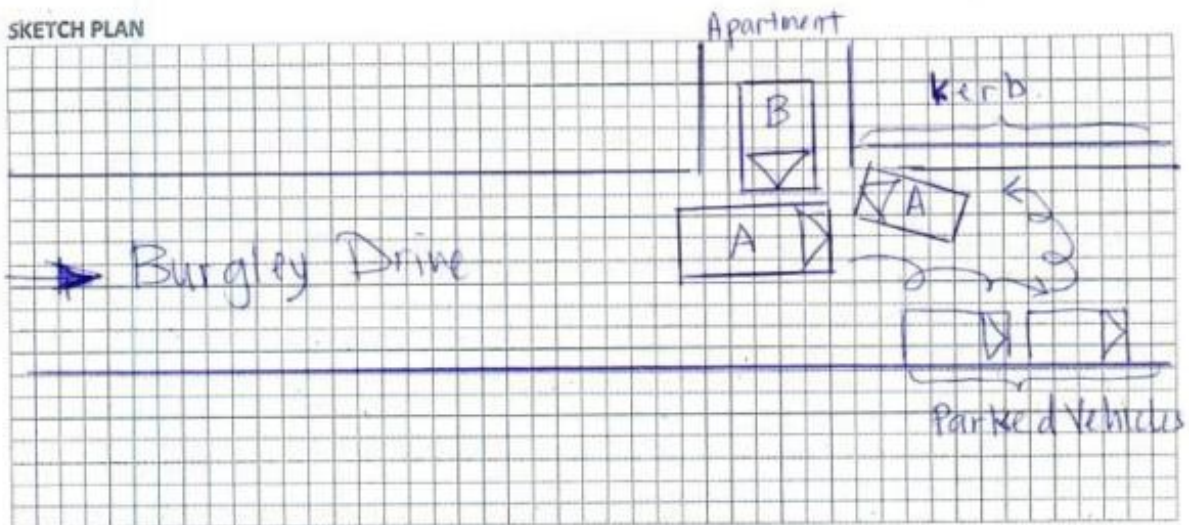
  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report

Police

re for

10 \* I would like to add on that after vehicle B hit the front LH side of my vehicle (H), my vehicle swerved to the right and to avoid hitting the vehicles parked on the right side, my vehicle twirled, hit the kerb near the apartment and my vehicle ended facing the on coming vehicles. My right hand side was damaged too.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 29/8/18, 2pm

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 29/8/18, 2pm

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180829/2046

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

1 of 3

Report No. T/20180829/2046

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2018 12:11	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MATHIYARASAN S/O DHAKSHINA MURTHI			Address: SINGAPORE 545400		
ID Type / ID No.: NRIC NO / S1452319G			Contact No.: Home/Office: Mobile: 96978969		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 23/11/1960	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/08/2018 16:45	Type of Location: Straight Road
Location: Along Road 1 BURGHLEY DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR1999Z	Car	BMW	X3 XDRIVE20D A/T 4WD S/R LED NAV	Brown	Seriously Damaged	0
SJW1814Y	Car	HONDA	HONDA JAZZ 1.5L A	White	Seriously Damaged	0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180829/2046

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

2 of 3

Report No. T/20180829/2046

### CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MATHIYARASAN S/O DHAKSHINA MURTHI	ID No.	S1452319G
Related Vehicle	SJW1814Y (Car)	Contact No.	96978969
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight

### **Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION  
I WAS TRAVELLING ALONG THE SAID LOCATION. I WAS TRAVELLING STRAIGHT ON THE ROAD.  
SUDDENLY ON MY LEFT, ANOTHER MENTIONED VEHICLE WAS EXITING HIS APARTMENT, AS  
THIS WAS A DOWNSLOPED ROAD, THE IMPACT CAUSED WAS MASSIVE. NO ONE WAS  
GRAVELY INJURED IN THIS ACCIDENT. AMBULANCE AND TRAFFIC POLICE ARRIVED AT THE  
SCENE AND I WAS THEN SENT TO TAN TOCK SENG HOSPITAL FOR MEDICAL TREATMENT.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180829/2046

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

3 of 3

Report No. T/20180829/2046

### 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:  
TP /  
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/08/2018 12:11

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 RASHIDAH BINTE AZMAN  
Contact No.: 65476216

Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo

