

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	10/09/2018 18:14
Date Of Accident	09/09/2018 18:30
Exact Location Of Accident	JUNCTION OF SOON LEE DRIVE AND PIONEER ROAD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6533C
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	KARZTALEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96791346
Alternative Phone No	OFFICE-96791346

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	5083195710-02
Cover Note Number	

Driver

Name of Driver	CHIA TECK HEE
NRIC No	S1153937H
Date Of Birth	16/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1977
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96791346
Fax Number	
Contact Number	OTHERS-96791346
EEmail Address	KARZTALEASING@GMAIL.COM

Address	BLK 823 JURONG WEST STREET 81 #06-468
Postcode	640823
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180909/2050

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	JAYAVEL MURUGAN THIAGARAJAN
NRIC/Passport Number	G8014937H
Contact Number	90289698
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident 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.



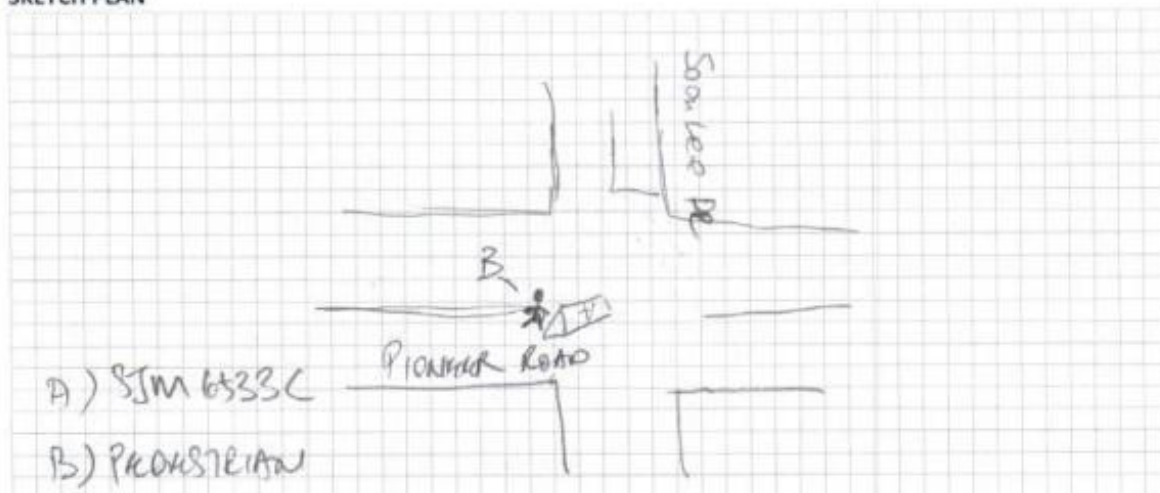
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report T/20180909/2050
Pedestrian was ok Not Injury.

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180909/2050

1 of 3

Report No. T/20180909/2050

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2018 15:24	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: CHIA TECK HEE			Address: APT BLK 823 JURONG WEST STREET 81 #06-468 SINGAPORE 640823	
ID Type / ID No.: NRIC NO / S1153937H			Contact No.: Home/Office:	Mobile: 96791346
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 16/03/1955	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B, 2A, 2, 3, 4 Date of Expiry:	

General Information of the Accident

General Information of the Accident			
Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 09/09/2018 06:30
Type of Location: X-Junction			
Location: Junction of Road 1 and Road 2 SOON LEE DRIVE PIONEER ROAD NORTH Traffic junction of Soon Lee Dr and Pioneer Rd North			
Weather: Clear		Road Surface: Dry	Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM6533C	Car				No Damage	1

Details of Person Involved

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

POLICE REPORT



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T/20180909/2050

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Tel No: 1800-2789999

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Report No. T/20180909/2050

CONTINUATION OF REPORT

Driver			
Name	CHIA TECK HEE	ID No.	S1153937H
Related Vehicle	SJM6533C (Car)	Contact No.	96791346
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pedestrian			
Name	JAYAVEL MURUGAN THIAGARAJAN	ID No.	G8014618W
Related Vehicle	NIL	Contact No.	90289698
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	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

Brief Details.

On the 09/09/2018 at around 0630hrs, my vehicle was at the traffic junction of Soon Lee Dr and Pioneer Rd North. When the light turned green, I proceed to make a right turn to Pioneer Rd North. When turning, I heard a bang on the right side of my vehicle. I stopped my vehicle and realized one pedestrian sitting on the road. I then rendered assistance to him. I asked him if he wanted ambulance but he said no need. I observed there was no visible injuries on him. He mentioned his backside hurt as such I then sent him to Ng Teng Fong Hospital to make a check.

I am not sure if there was any green arrow or any green man. There was no in-car camera in my vehicle and I was not sure if there was any LTA camera at the vicinity.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180909/2050

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River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

3 of 3

Report No. T/20180909/2050

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:

E /

Sgt 3 GERALD WONG HOONG TEIK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/09/2018 15:24

Officer In Charge Of Case:

TP / AEIT /

Classification Of Case:

Contact No.:

SN 060

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

