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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	11/09/2018 12:12
Date Of Accident	10/09/2018 17:30
Exact Location Of Accident	WOODLANDS AVE 2 TWDS SLE (BKE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB4247U
Insured/Policyholder	
Name Of Registered Owner	STRUTS BUILDING TECHNOLOGY PTE LTD
Co Reg No	199104817W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68307402
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 MANUAL 3SEATER
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-000637
Cover Note Number	
Driver	
Names of Duissan	CUNDADAMALACUCANECAN

Name of Driver SUNDARAM ALAGUGANESAN

Passport No/FIN G6617333Q
Date Of Birth 03/06/1981
Occupation OUTDOOR
Date Of Driving Pass 22/05/2010

Driving Experience 8 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82094910

Fax Number

Contact Number OFFICE-82094910

EMail Address NOEMAIL

Address 69 UBI ROAD 1

#10-21 OXLEY BIZHUB

Postcode 408731

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

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Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JNE2758 (MOTORCYCLE)

Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

2

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-8486999 - **FAX NO**: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180910/2167.

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 JNE2758

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE
Name of Driver TEO KIANG YIN
NRIC/Passport Number G7053363X
Contact Number 91310504

Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persphnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

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SKETCH PLAN	/ / / /	
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ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
NAME OF THE PROPERTY OF THE PARTY.		
Refer to police	e report - thosodobult.	
ECLARATION		
	ticulars are true in every respect.	
	2 11 22	YL
CATION .	S. Alego and an	MA
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

Police Report





1 of 3

Report No. T/20180910/2167

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

REPORT	F A TRAFFIC	CACCIDENT			
Date/Time Report Made: 10/09/2018 20:36		Made:	Vide Report No.: J/20180910/0172	Station Diary No.: 130	
Informa	nt's Partic	ulars			
	f Informant: RAM ALAG	UGANESAN	Address:		
ID Type / ID No.: FIN NO / G6617333Q		3Q	Contact No.: Home/Office: Mobile: 82094910		
National	ity:		Email:		
Sex: Male	Age:	Date of Birth: 03/06/1981	Type of Informant: Driver		
Race:			Language:	Institution / School Name:	
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B.3	Date of Expiry: 21/05/2020	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/09/2018 17:30	Type of Location Bend	
WOODLAND BUKIT TIMA! Woodlands A	Traveling Toward Road S AVENUE 2 H EXPRESSWAY ve 2 slip road towards SI			Road Speed Limit:	
Weather: Cloudy		Wet		Noad Speed Linit.	
Traffic Flow: Traffic Control: Not Controlled				Traffic Volume: Light	
	sion:			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB4247U	Lorry					1
JNE2758	Motorcycle					0

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

Police Report





0100310/2107

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

Report No. T/20180910/2167

CONTINUATION OF REPORT

Driver			Manufacture of the last of the			
Name	SUNDARAM ALAGUGANESAN			ID No		G6617333Q
Related Vehicle	GBB4247U (Lorry)			Conta	ct No.	82094910
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: 21/05/2020
Date Treatment	NIL Date Disc			harge	NIL	
			Degree of	Injury	NIL	
Rider						
Name	TEO KIANG YIN		ID No.		G7053363X	
Related Vehicle	JNE2758 (Motorcycle)			Conta	ct No.	91310504
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	CONTRACTOR OF THE PARTY OF THE			Injury	NIL	

Brief Details.

On 10/9/18 at around 1730hrs, I was driving my vehicle(GBB4247U) along Woodlands avenue 2 towards SLE(BKE). I was driving on the left lane on the slip road towards SLE(BKE). I noticed a unknown motorcycle rider skidded in front of me. At such, to avoid the collision with the skidded motorcycle, I applied emergency brake. However I noticed that the floor is wet and I will collide on the skidded motorcycle. At such I tried to swerve my vehicle to the right lane to avoid collision. As I was swerving my vehicle to the right lane, my vehicle collided with another motorcycle(JNE2758) which was on the right lane. There was no physical injuries to JNE2758 rider as my speed was very slow. I wish to state that there were no in car camera installed in my vehicle.

Police Report





1202

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

Report No. T/20180910/2167

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 2 ONG JIN HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/09/2018 20:36
Officer In Charge Of Case: TP / GIT / Sgt 2 LEE MING CAI Contact No.: 65476960	Classification Of Case:
Authentication Stamp	

















