

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	16/10/2018 15:17
Date Of Accident	22/09/2018 11:35
Exact Location Of Accident	LOWER DELTA RD TWDS TELOK BLANGAH CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ6946J
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92727979
Alternative Phone No	OFFICE-92727979

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5063999034-04
Cover Note Number	

Driver

Name of Driver	SUGANE S/O RAJA KRISHNAN
NRIC No	S6844669D
Date Of Birth	22/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1988
Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92382219
Fax Number	
Contact Number	OFFICE-92382219
EEmail Address	NOEMAIL

Address	BLK 111 HO CHING ROAD #02-14
Postcode	610111
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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.	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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SLF7645U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

SKETCH PLAN

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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:

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

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

Accident Sketch Plan

SKETCH PLAN

Lower Delta Rd.

A: 62 GCM6J

B: SLF 7645 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

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

Police Station: 111 HO CHING ROAD #02-14 SINGAPORE 610111
 Tel No: 6238 2219

Report No: 22/09/2018/111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
 22/09/2018 22:19

Video Report No:

Station Diary No.:
 191

Name of Informant:

SUSAN S/O RAJA KRISHNAN

Address:

APT BLK 111 HO CHING ROAD #02-14 SINGAPORE 610111

ID Type / ID No:

NRIC NO / 965446590

Contact No.:

Home/Office:

Mobile: 92382219

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Age:

49

Date of Birth:

22/11/1966

Type of Informant:

Driver

Race:

Indian

Language:

English

Institution / School Name:

Occupation:

Owner car and light goods vehicle

Driving Licence Information:

Class: 3

Date of Expiry:

Type of

Non-Injury

Drink

Drive:

No

Date/Time of

Accident:

22/09/2018 11:35

Type of Location:

Straight Road

Location:

Along Road 1 Traveling Toward Road 2

LOWER DELTA ROAD

TELOK BLANGAH CRESCENT

Weather:

Clear

Road Surface:

Dry

Road Speed Limit:

Traffic Flow:

One Way

Traffic Control:

Not Controlled

Traffic Volume:

Heavy

Type of Collision:

Between Moving Vehicles - Head To Rear

Anyone conveyed by

ambulance:

No

Details of Vehicle Involved

Plate No.	Type	Make	Model	Color	Condition	No. of Passengers
G08946J	Van				No Damage	0
SLF7645U	Car				No Damage	0

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Police Report

POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689998

T2018100521

Report No: T2018100521


CONTINUATION OF REPORT

Name	SUGANE S/O RAJA KRISHNAN		ID No.	S6844669D
Related Vehicle	GQ6946J (Van)		Contact No.	92382219
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 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 22/09/2018 at about 1135hrs, I was driving my company rented van bearing GQ6946J along Lower Delta Rd heading towards Telok Blangah Crescent where the accident happened. As the traffic was very congested, all vehicles were moving very slow due to that the front portion of my van had hit onto the rear portion of the car bearing SLF7645U which was ahead of my van. After which, both parties stopped and alighted from our vehicles. Both parties then assessed the damaged done towards our vehicles however, there is no sign of damages. Both parties did not exchange particulars. Subsequently, both parties then drove off. On 07/10/2018, my company received a letter from Traffic Police with reference TP/IP/55327/2018 asking me to lodge a traffic accident report.

Police Report

SINGAPORE POLICE FORCE	
Police Station Of Origin: Jongling Road N.P.C. 700 Corporation Road SINGAPORE 645818 Tel No: 1800-2382299	Report No: 770011000/115
CONTINUATION OF REPORT	
<u>Sketch Plan</u> 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 <u>report number</u> as reference.	
Signature Of Officer Recording The Report: J/ Sgt 2 SUHAILI BINTE HASSAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/10/2018 22:56
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No. 65476151	Classification Of Case:
Autograph Stamp Signature: Singapore Police Force	SN 120

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

