

## 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	26/10/2018 17:11
Date Of Accident	26/10/2018 10:00
Exact Location Of Accident	SLIP RD FROM HOLLAND RD TWDS FARRER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5321H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63855262

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5103424803
Cover Note Number	

### Driver

Name of Driver	VANUMAMALAI ANBU SUBRAMANIAN
NRIC No	S7569325G
Date Of Birth	11/07/1975
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83504715
Fax Number	
Contact Number	
EEmail Address	ANBUANI2000@YAHOO.CO.IN

Address	BLK 49 CIRCUIT RD #09-743
Postcode	370049
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	COLLISION - HEAD TO REAR
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?	YES
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20181026/2116

#### 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	GBG2090R
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DIONG SOON HUAT
NRIC/Passport Number	G2426015T
Contact Number	92343277
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	VANUMAMALAI ANBU SUBRAMANIAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLC5321H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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6. 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.
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.



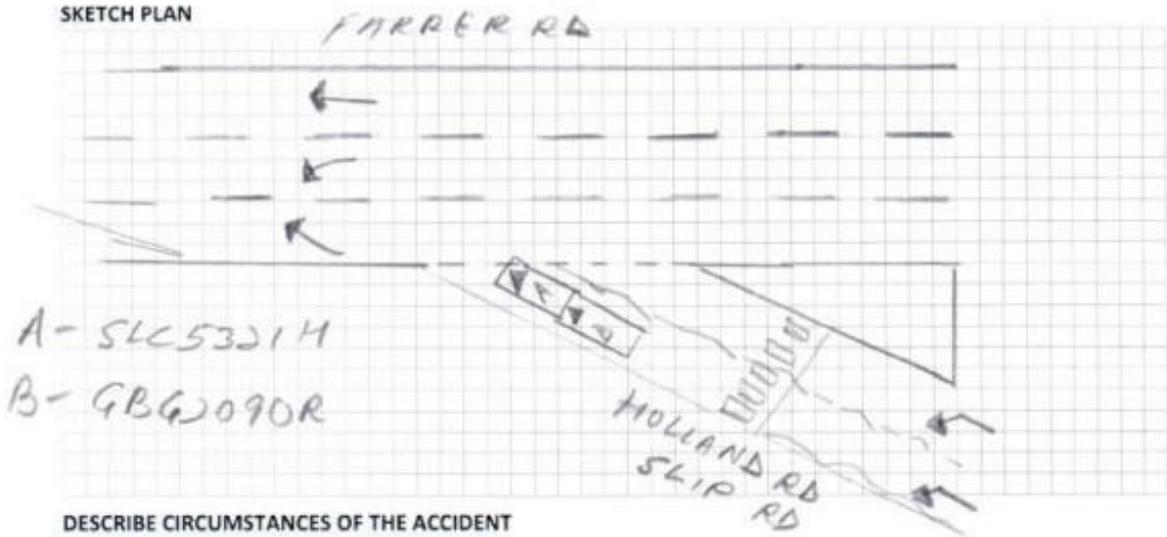
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 26/10/18

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/20181026/2116

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 26/10/18

*[Signature]* 26/10/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20181026/2116

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20181026/2116

CONTINUATION OF REPORT

Driver			
Name	DIONG SOON HUAT		ID No. G2426015T
Related Vehicle	GBG2090R (Van)		Contact No. 92343277
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 19/11/2022
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	VANUMAMALAI ANBU SUBRAMANIAN		ID No. S7569325G
Related Vehicle	SLC5321H (Car)		Contact No. 83504715
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	03		Degree of Injury Slight

**Brief Details.**

On the 26/10/18 at about 1000hrs, I was travelling along Holland Rd towards Farrer Rd, stopped at the slip road to wait for incoming traffic to pass. My vehicle was suddenly been hit by a white van, we came out immediately to assess on our vehicles. My vehicle suffered a dent at the left side rear bumper, a dent at the boot, and also 2 sides of the rear brake light slightly dislodged. I am unsure about the damages suffered by the white van. I wish to state that there was no Ambulance or police at scene. The purpose of this report is for insurance purposes.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



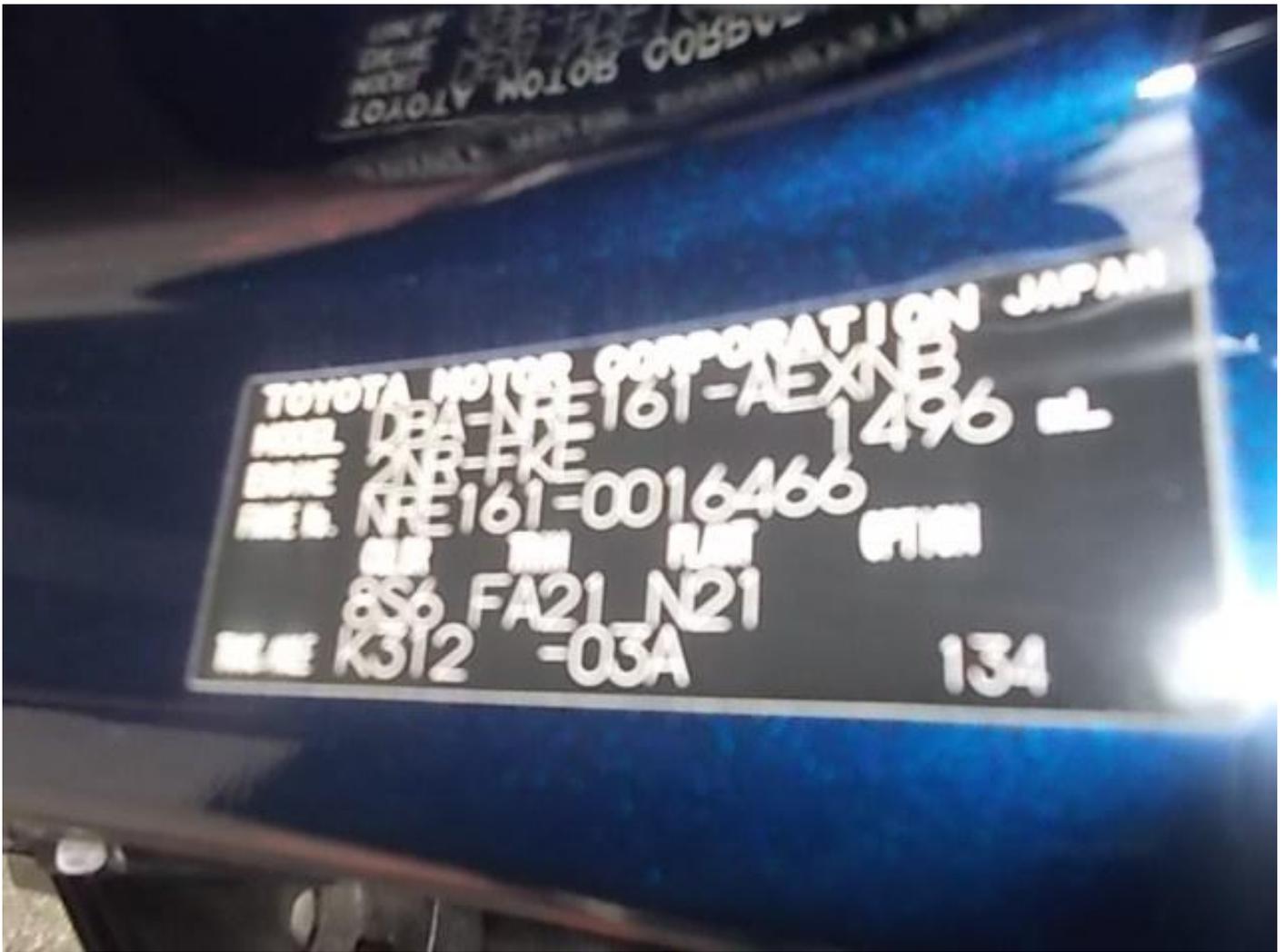
Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20181026/2116

Police Station Of Origin:  
MacPherson NPP  
54 Piplt Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 3

Report No: T/20181026/2116

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/10/2018 16:42		Vide Report No.:		Station Diary No. 17	
<b>Informant's Particulars</b>					
Name of Informant: VANUMAMALAI ANBU SUBRAMANIAN			Address: APT BLK 49 CIRCUIT ROAD #09-743 SINGAPORE 370049		
ID Type / ID No.:			Contact No.:		
NRIC NO / S7599325G			Home/Office:		Mobile: 83504715
Nationality: INDIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 11/07/1975	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2018 10:00	Type of Location: Slip road
Location: Along Road 1 Traveling Toward Road 2 HOLLAND ROAD FARRER ROAD Slip road from Holland Rd toward Farrer Rd				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2090R	Van	TOYOTA	Hiace	White		1
SLC5321H	Car	TOYOTA	Corolla Axio	Blue	Slightly Damaged	0

**Details of Person Involved**

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

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20181025/2116

Police Station Of Origin:  
MacPherson NPP  
54 Phipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3

Report No. T/20181025/2116

**CONTINUATION OF REPORT**

Driver			
Name	DIONG SOON HUAT		ID No. G2426015T
Related Vehicle	GBG2090R (Van)		Contact No. 92343277
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 19/11/2022
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	VANUMAMALAI ANBU SUBRAMANIAN		ID No. S7569325G
Related Vehicle	SLC5321H (Car)		Contact No. 83504715
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	03		Degree of Injury Slight

**Brief Details.**

On the 26/10/18 at about 1000hrs, I was travelling along Holland Rd towards Farrer Rd, stopped at the slip road to wait for incoming traffic to pass. My vehicle was suddenly been hit by a white van, we came out immediately to assess on our vehicles. My vehicle suffered a dent at the left side rear bumper, a dent at the boot, and also 2 sides of the rear brake light slightly dislodged. I am unsure about the damages suffered by the white van. I wish to state that there was no Ambulance or police at scene. The purpose of this report is for insurance purposes.

Police Report



SINGAPORE  
POLICE FORCE



T/20181026/2116

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/B4 SINGAPORE  
370054  
Tel No: 1800-7449999

3 of 3

Report No. T/20181026/2116

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 CHEW SONG YAN *[Signature]*

Signature Of Informant: *[Signature]*

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/10/2018 16:42

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP 158 *[Signature]*

Accident Photo



Accident Photo



LIAN SENG HARDWARE  
& ENGINEERING PTE. LTD.  
61 WOODLANDS INDUSTRIAL PARK E9  
#02-38 E9 PREMIUM (S) 757047  
COMPANY NO : 201206209E  
FAX : 2

Accident Photo

