

## 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	25/10/2018 17:30
Date Of Accident	25/10/2018 08:45
Exact Location Of Accident	SLIP ROAD INTO ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2592R
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#### Insured/Policyholder

Name Of Registered Owner	A&A CAPITAL SINGAPORE PTE. LTD.
Co Reg No	201727424G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90811728

#### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098713113
Cover Note Number	

#### Driver

Name of Driver	SUBRAMANIAN PANDURENGAN
Passport No/FIN	G6032095R
Date Of Birth	15/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81560114
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 413A FERNVALE LINK #04-01
Postcode	791413
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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)	2
Passenger 1	NAME: : CHINESE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20181025/2075

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA7191A
Vehicle Make/Model/Colour	MAZDA 2
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUR FAJRINA BEE BINTE ABD AZIZ
NRIC/Passport Number	S8512461G
Contact Number	90116447
Address	

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJR1369S  
Vehicle Make/Model/Colour HONDA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver WOO HUI YEN ADELINE  
NRIC/Passport Number S8713228E  
Contact Number 90607741  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBC243B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SUBRAMANIAN PANDURENGAN  
Approximate Age 39  
Injuries Sustain  
Injured person in which vehicle? SLG2592R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address BLK 413A FERNVALE LINK #04-01  
Postcode 791413

**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.

25 OCT 2018

Policyholder's Signature  
Date & Time:

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

**IDAC KAKI BUKIT(VAC)**  
23 KAKI BUKIT AVE 4  
Singapore 415933

Tel: 67416697  
Reporting Centre's Signature  
Name: Fax: 67492305  
Email: vackb@singnet.com.sg  
NAC, PIN NO.:





# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20181025/2075

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 3

Report No. T/20181025/2075

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2018 13:42		Vide Report No.: G/20181025/0066		Station Diary No.: 17	
<b>Informant's Particulars</b>					
Name of Informant: SUBRAMANIAN PANDURENGAN			Address: APT BLK 413A FERNVALE LINK #04-01 SCAL DORMITORY (JALAN LEKAR) SINGAPORE 791413		
ID Type / ID No.: FIN NO / G6032095R			Contact No.: Home/Office: Mobile: 81560114		
Nationality: INDIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 15/05/1979	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Chauffeur			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/10/2018 08:45	Type of Location: SLIP RD INTO ECP
Location: Along Road 1 Traveling Toward Road 2 PAN-ISLAND EXPRESSWAY EAST COAST EXPRESSWAY PIE TWDS AP SLIP RD INTO ECP (MCE) NR LP 2F12				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: Dual Carriage 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

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC243B	Lorry				Slightly Damaged	1
SJR1369S	Car				Seriously Damaged	0
SKA7191A	Car				Slightly Damaged	0
SLG2592R	Car				Slightly Damaged	1

# Accident Sketch Plan Pg. 1



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T/20181025/2075

Police Station Of Origin:  
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Tel No: 1800-4439999

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Report No. T/20181025/2075

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUBRAMANIAN PANDURENGAN	ID No.	G6032095R
Related Vehicle	SLG2592R (Car)	Contact No.	81560114
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/10/2018	Date Discharge	25/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the above mentioned date, time and location. I was driving along PIE towards ECP and my destination is to AXA Tower, the traffic was heavy which my vehicle is at stationary not moving at the right side of the lane after which I felt the impact of the vehicle behind me which slightly collided onto my rear of the vehicle. I then went down of my vehicle and make a check and it is a collision involving 4 vehicles. The 2nd vehicle behind me was slightly damaged but the 3rd vehicle was seriously damaged at the rear of the vehicle by the 4th vehicle. I then took photo of the vehicle damages and exchanged particulars with the other vehicle driver, at the point of time my front and rear in-car camera was recording. Traffic police then attended to the scene and ambulance arrived. Nobody was conveyed by ambulance as injuries was minor. After which I drove of my vehicle, the 3 other vehicle was waiting for the towing crews.



**SINGAPORE  
POLICE FORCE**



T/20181025/2075

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Tel No: 1800-4439999

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Report No. T/20181025/2075

**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 TAY WEI LI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/10/2018 13:42

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



**Accident Photo**





Accident Photo

