#### 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 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	08/11/2018 17:51
Date Of Accident	07/11/2018 18:10
Exact Location Of Accident	SLE TOWARDS CTE AFTER EXIT WOODLANDS AVENUE 12
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE7692M
Insured/Policyholder	
Name Of Registered Owner	CHRISTOPHER JAYAM S/O PAUL DEVADAS
NRIC No	S7343026G
Email Address	CHRISJAY@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91592075
Alternative Phone No	OTHERS-91592075
Vehicle Particulars	
Manufacturer	CITROEN
Model	DS4-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING OUT FOR DINNER
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 CAR
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M494806
Cover Note Number	
Driver	
Name of Driver	CHRISTOPHER JAYAM S/O PAUL DEVADAS

Name of Driver CHRISTOPHER JAYAM S/O PAUL DEVADAS

 NRIC No
 \$7343026G

 Date Of Birth
 23/09/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 17/07/2007

Driving Experience 11 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91592075

Fax Number

Contact Number OTHERS-91592075

EMail Address CHRISJAY@SINGNET.COM.SG

Address BLK 362 WOODLANDS AVENUE 5

#04-414

Postcode 730362

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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? YES

Foreign Vehicle Registration Number JSP6799 (PRIVATE CAR)

Number of vehicles involved in the accident 5
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

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

NO

YES

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 WOODLANDS WEST NPC

Police Station Address ROAD: 9 MARSILING LANE, POSTCODE: 739146, COUNTRY:

**SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20181107/2152

### 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 SLX9733R

Vehicle Make/Model/Colour HONDA CIVIC

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver NG WEE LIANG
NRIC/Passport Number S9905617G
Contact Number 83388059

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number JSP6799

Vehicle Make/Model/Colour MAZDA 6

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver CHONG

NRIC/Passport Number

Contact Number 97788430

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3** 

Vehicle Registration Number SGV3723D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LINDA NG TZE YIN

NRIC/Passport Number S7606775I Contact Number 97632654

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 4** 

Vehicle Registration Number SKD9768H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver MOHD ASHIEK
NRIC/Passport Number S7035507H
Contact Number 98515682

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

### 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. 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
- 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.
- 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.

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

Beporting Centro Personnel's Signature
Name: 1001 100 How

### Accident Sketch Plan

SKETCH PLAN	Collusion Coll	10 (   mxp	priso 100	Collasing.	
	E NO	No.	A P	24 B	0
SLE TOWAR	03 CTE METHER	- EXIT WO	COLONIDS	AVKNUK 12	
d A) SL671	a2m				
3 B) SLX 9					
4					
C) JSP 6					
D) SGV E) SKD	5123D 6760 H				
DESCRIBE CIRCUMSTANCE					
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT				
			-/	1	
			,00	*	
		/	Bux		
		C.V	L		
		110	0	,	
	/	10,	1 -15		
	/00		1/3/	/	
		0110	11		
	148	Me	/		
	- AX	100			
/	1	1			
100		_/_			
1					
-					
DECLARATION					
I/We declare the foregoing pa	ticulars are true in every res	pect.		/ 11	
MM			nu	1 08/4/20	Col
				E-0 11	
Policyholder's Signature Date & Time:	Driver's Signature			Centre Personnel's Signat	unb

### **POLICE REPORT**





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999

1 of 3 Report No. T/20181107/2152

# REPORT OF A TRAFFIC ACCIDENT

07/11/2018 21:24	Vide Report No.: J/20181107/0159	Station Diary No.:	
Informant's Particulars		59	
Name of Informant	THE RESIDENCE OF THE PARTY OF T		

	nt's Partic		THE RESIDENCE OF THE PARTY OF T		
DEVAD, ID Type	/ ID No.:	YAM S/O PAUL	Address: APT BLK 362 WOODLANDS SINGAPORE 730362 Contact No.:	AVENUE 5 #04-414	
NRIC NO / S7343026G Nationality: SINGAPORE CITIZEN		26G	Home/Office:	Mobile: 91592075	
		EN	Email:		
Sex: Male	Age: 45	Date of Birth: 23/09/1973	Type of Informant:		
Race:			Language:	Institution / School Name:	
				ochool Name.	
Occupat SENIOR		AL PRODUCTION	Driving Licence Information: Class: 3	Date of Expiry:	

seneral Inform	mation of the Accident		AND DESCRIPTION OF STREET	- Barrier and the second	
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/11/2018 18:10	Type of Location: Straight Road	
Location: Along Road 1 SELETAR EX SLE towards ( Weather: Clear		llands avenue 12 Road Surface: Dry		oad Speed Limit:	
Traffic Flow: One Way			Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear			Ai	Anyone conveyed by ambulance:	

Vehicle No Type Make Model Color Condition In	
Color Condition No.	o of Deceases
SLE7692M Car CITROEN DS4 1.6(A) White Slightly 0	o of Fassenge

Vehicle No.	Insurance Company			<b>刘明在40</b> 000年
SLE7692M INDIA INTERNATIONAL INSURAN	INDIA INTERNATIONAL	Insurance No	Effective	Expiry Date
	PTE LTD	M494806	12/12/2017	11/12/2018

### POLICE REPORT





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999

2 of 3 Report No. T/20181107/2152

CONTINUATION OF REPORT

## Brief Details.

On 07/11/2018 at around 1810hrs, I am driving along SLE towards CTE and at the exit after Woodlands Avenue 12, I got into an accident between my car and another four vehicle. The car in front of me knocked onto the car before him and I managed to step on my brake on time to avoid collision however onto the car in front of me. I wish to state that the TP had arrived shortly after the accident happened and traffic accident report.

### **POLICE REPORT**





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999

3 of 3 Report No. T/20181107/2152

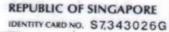
CONTINUATION OF REPORT

### 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:		Signature Of Informant:
TEO KAI XUN SN	27	F120
Signature Of Interpreter: Not applicable  State Control of Control	rce.	Date/Time: 07/11/2018 21:24
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252		Classification Of Case:
Authentication Stamp		







CHRISTOPHER JAYAM S/O PAUL DEVADAS

Race INDIAN Date of Both 23-09-1973 M County of Both SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 17 Jul 2007 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: 5734302603





















