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 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.

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
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?	YES
If No, Please state action to be taken	
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
NRIC No	S7343026G
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	
Was any body injured in the Accident?	NO
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	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)	1

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)	1

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)	

SKETCH PLAN

IMPORTANT NOTICE

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

   (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.

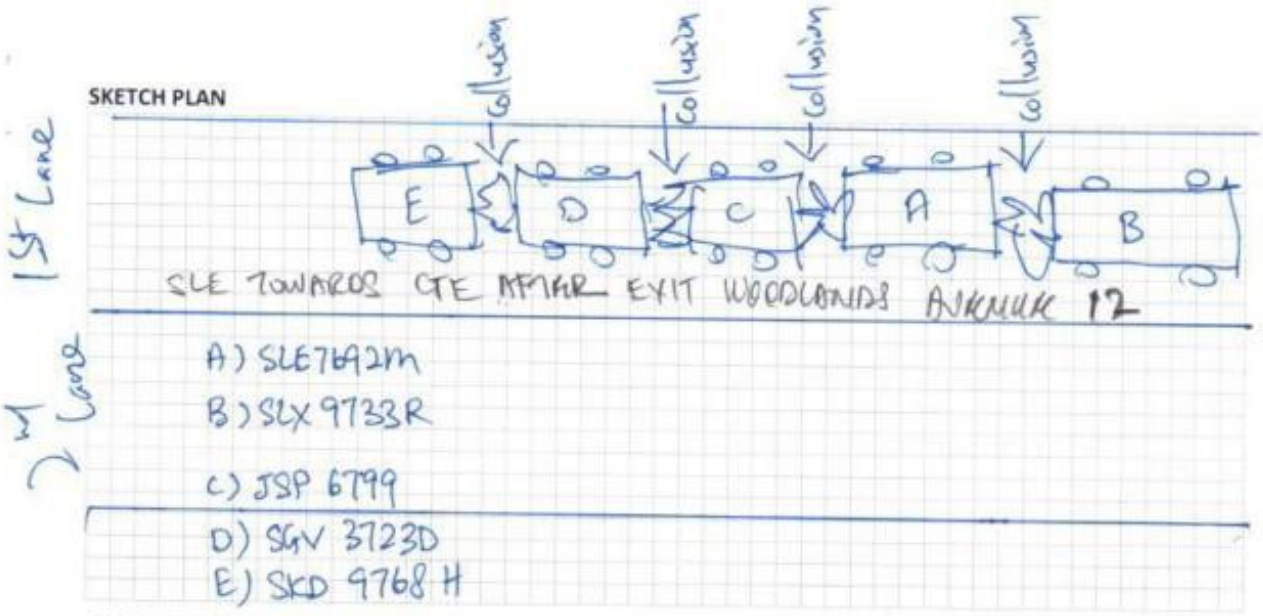
Policyholder's Signature
Date & Time:
8/11/2018

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/2018/1107/2152

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 8/11/2018	(If driver is not the policyholder) Date & Time:	Name: Rosli Wahab
		NRIC/FIN No.:

POLICE REPORT

POLICE FORCE

T/20181107/2152

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

Report No. T/20181107/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/11/2018 21:24	J/20181107/0159	59

Informant's Particulars

Name of Informant:			Address:
CHRISTOPHER JAYAM S/O PAUL DEVADAS			APT BLK 362 WOODLANDS AVENUE 5 #04-414 SINGAPORE 730362
ID Type / ID No.:			Contact No.:
NRIC NO / S7343026G			Home/Office: Mobile: 91592075
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	45	23/09/1973	Driver
Race:			Language: / Institution / School Name:
Indian			
Occupation:			Driving Licence Information:
SENIOR TECHNICAL PRODUCTION			Class: 3 Date of Expiry:

General Information of the Accident

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 EXPRESSWAY SLE towards CTE after the exit of woodlands avenue 12				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
SLE7692M	Car	CITROEN	DS4 1.6(A)	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SLE7692M	INDIA INTERNATIONAL INSURANCE PTE LTD	M494806	12/12/2017	11/12/2018

POLICE FORCE

T/20181107/2152

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

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 the car behind me hit onto the back of my car and thereafter, my vehicle moved forward and knocked onto the car in front of me. I wish to state that the TP had arrived shortly after the accident happened and I had passed my car in car camera SD card to the TP. Thereafter, I came to police station to lodge a traffic accident report.

SINGAPORE POLICE FORCE

T/20181107/2152

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

CONTINUATION OF REPORT

Sketch Plan

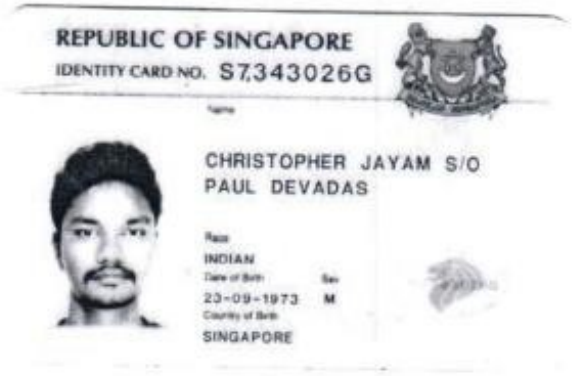
Informant is not able to provide sketch plan

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: TEO KAI XUN SN 127	Signature Of Informant:
Signature Of Interpreter: Not applicable	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
NP168

ID


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7343026G

CHRISTOPHER JAYAM S/O
PAUL DEVADAS

INDIAN
23-09-1973 M
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE

S7343026G

CHRISTOPHER JAYAM S/O
PAUL DEVADAS

23 Sep 1973
17 Jul 2007


S7343026G

B+ 02-09-1995

APT BLK 362 WOODLANDS AVENUE 5 #04-414
SINGAPORE 730362

S7343026G 04-07-2006


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

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

NP 428A

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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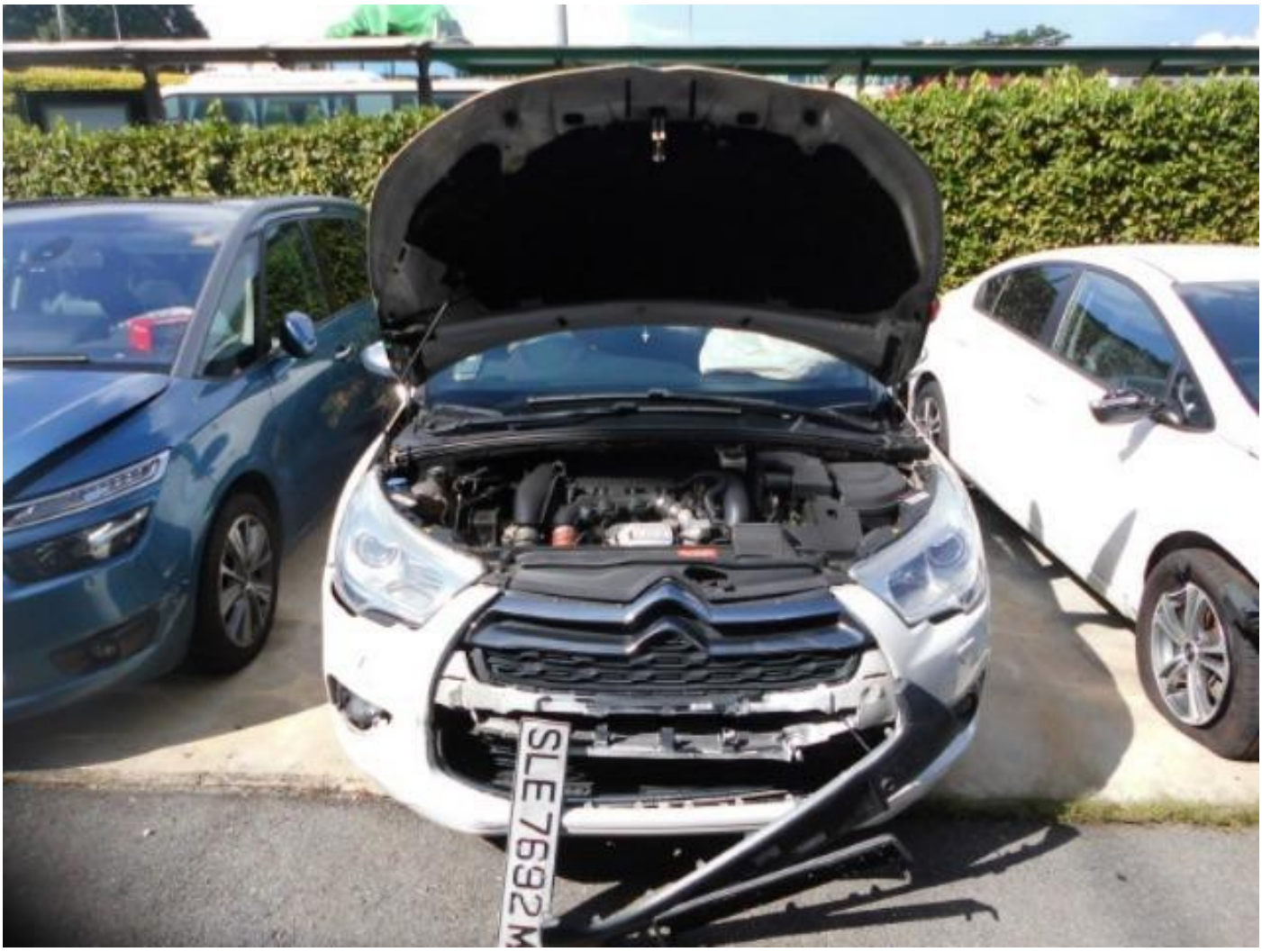
Accident Photo

Accident Photo



Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MN1941144946 Vehicle Registration No: SLE 7692M

Name(as shown in NRIC) : CHRISTOPHER JAYAM NRIC/FIN/Passport No : S7343026-G

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Blk 362, WOODLANDS AVE 5, #04-914 Singapore(730362

Contact (Tel) : 63647621 Mobile No. : 91592075

Email Address : chrisjay@singnet.com.sg

Date of Accident : 07/11/18 Time of Accident : 1810

Place of Accident : SLE towards CTE After exit Woodlands Ave 12

Insurance Company : India International Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to amend my report from Third Party Claim to Own Damage Claim.

Policyholder / Driver's Signature
Date: 16/11/18

16/11/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: