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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/11/2018 10:23
Date Of Accident	15/11/2018 11:30
Exact Location Of Accident	BLK 146 JLN BUKIT MERAH CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP3521M
Insured/Policyholder	
Name Of Registered Owner	RSA ENGINEERING CONSTRUCTION PTE. LTD.
Co Reg No	201415734C
Email Address	RSAENGINEERING.PTE.LTD@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92372844
Vehicle Particulars	
Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084605224-01
Cover Note Number	
Driver	
Name of Driver	ΙΔΥΔΡΔΙ ΔΡΔΙ/ΙΝΤΗΔΝ

Name of Driver JAYAPAL ARAVINTHAN

Passport No/FIN G7459637T
Date Of Birth 22/05/1980
Occupation OUTDOOR
Date Of Driving Pass 17/06/2008

Driving Experience 10 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90211847

Fax Number

Contact Number

EMail Address RSAENGINEERING.PTE.LTD@GMAIL.COM

Address BLK 629 HOUGANG AVENUE 8

#06-78

Postcode 530629

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 Registration Number of Driver's Own

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Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions RAINING
Road Surface WET

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

0

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678

Police Station Address ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20181115/2079

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

	12LK 146	JUN BUKIT MERAH	
	4	CARPARK MERAH	
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		low-g	
		YVE W	
A- Y	p3521m	Sveri	
B- U1	LACH CIA SIN		
CRIBE CIRCUMSTANC	ES OF THE ACCIDENT		
ole cetu +	to the police	report: 7/2018/115/2079	
12 1700	- The pools	74,000	
7			
CLARATION			
The second secon	articulars are true in every respe	Net.	
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The second secon	articulars are true in every respo		
e des and fill onegoing pa	Ay isl	18 Lyn 16/11/18	
CLARATION e destand formation properties of time:	articulars are true in every response	18 Separate Centre Personnel's Signatu	

Individual Statement



T/20181115/2079

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE

Report No. T/20181115/2079

Tel No: 1800-2949999

CONTINUATION OF REPORT

Driver	TO A STATE OF THE PARTY OF THE	- marketini	All the second	HEE:		
Name	JAYAPAL ARAVINTHAN			ID No	E.	G7459637T
Related Vehicle	YP3521M (Lorry)			Contact No.		90211847
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: 16/06/2023
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	ed Medical Leave NIL Degree of				NIL	

Brief Details.

On 15/11/2018 at about 0900hrs, I parked one lorry. bearing registration plate number YP3521M (which belongs to RSA Engineering Construction Pte Ltd) at Lot number 303, whereby the front part was facing outwards. After I parked the lorry, I secured the lorry and proceeded to a construction site opposite Singapore General Hospital. I wish to state that the lorry was in good condition. On the same day at about 1130hrs, I discovered the front left headlights, left front part and the left side mirror were damaged. There are no front dashboard camera on the lorry.

I am hereby lodging this report for my company's reference as well as necessary follow up action by Traffic Police.



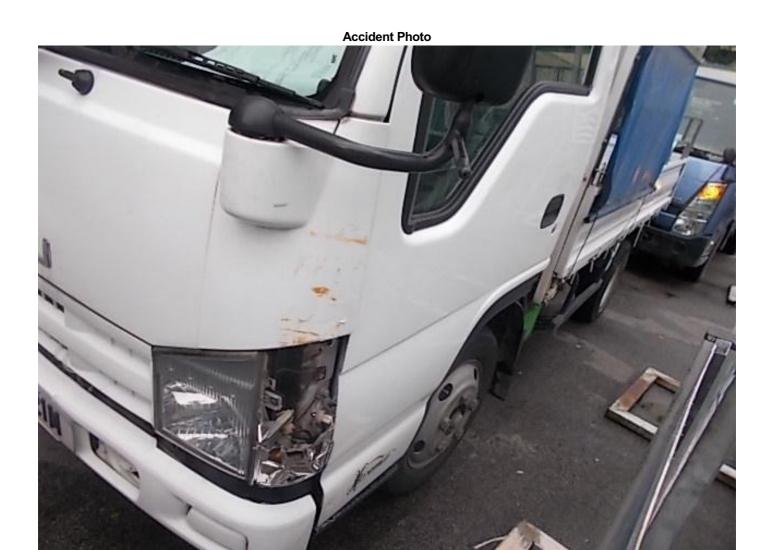




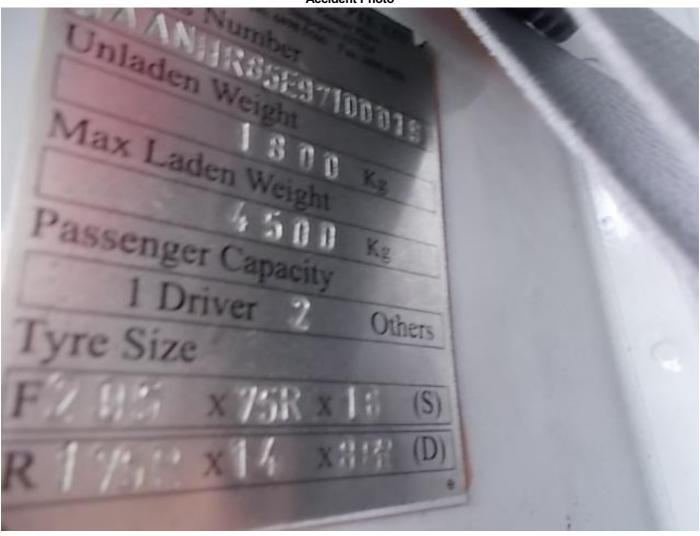












Police Report





1 of 3

Report No. T/20181115/2079

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2018 15:19		/lade:	Vide Report No.:	Station Diary No.: 116
Informa	nt's Partic	ulars		
	informant: L ARAVIN		Address: APT BLK 629 HOUGANG / 530629	AVENUE 8 #06-78 SINGAPORE
ID Type / ID No.: FIN NO / G7459637T			Contact No.: Home/Office:	Mobile: 90211847
National INDIAN	ty:	000000000000000000000000000000000000000	Email: rsaengineering.pte.ltd@gm	al.com
Sex: Male	Age: 38	Date of Birth: 22/05/1980	Type of Informant: Driver	00 000000000000000000000000000000000000
Race: Indian			Language	Institution / School Name:
Occupation: COMPANY DRIVER			Driving Licence Information Class: 2B,3	Date of Expiry: 16/06/2023

	Non-Injury	Drink	Date/Time of	Type of Location
Type of Accident:	Hit and Run	Drive:	Accident: 15/11/2018 11:30	Type of Location
Location: Along Read 1 JALAN BUKI open space o	FMERAH	SC Jalon Diskit Marsh		
open space carpark, in front of Blk 148 Jalan Bukit Merah, Lot Number 3 Weather. Road Surface:			to displace that a continue resistance	
Weather.	arpaire in rione or bee		Lot Number 303	oad Speed Limit:
Weather.	arpa k. III.i ong or bek.		Lot Number 303	load Speed Limit:
Weather Drizzling Traffic Flow:	a park in rong or bik	Road Surface:	R	oad Speed Limit: raffic Volume:

Details of Vehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition No of Passenge
YP3521M	Lorry	ISUZU	NHR85AUE4 A	White	Seriously 0 Damaged

Details of Person Involved	
Any Pedestrian Involved: No	Maria and the second second second second
No. of Pedestrians Injured: NIL.	Use of Pedestrian Crossing: NA

Police Report





Police Station Of Origin; Rocher N.P.C 11 Kampong Kaper Road SINGAPORE 208678 Tel No. 1800-2949989 2 of 3 Report No. T/20181115/2079

CONTINUATION OF REPORT

Driver	na construire de la con	- MARKETA	ALTERNATION OF THE PARTY OF THE			
Name	JAYAPAL ARAVINTHAN			ID No		G7459537T
Related Vehicle	YP3521M (Lorry)			Conta	ict No.	90211847
Hospital/Clinic	NiL.				of g ce & / Date	Class: 2B,3 Date of Expiry: 18/06/2023
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	ned Medical Leave NIL Degree of					

Brief Details.

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Police Report





A No. Topograph

2 -4 2

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

Report No. T/20181115/2079

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 A / Staff Sgt TAUFIQ BIN JUPRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2018 15 19
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case
Authentication Stamp	