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

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	ACCIDENT STATEMENT
Date Of Report	15/11/2018 17:21
Date Of Accident	06/11/2018 21:30
Exact Location Of Accident	ALONG DUNLOP STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN2432G
Insured/Policyholder	
Name Of Registered Owner	RAM ROHITASHWA TIWARY
NRIC No	S7777269C
Email Address	RAM_TIWARY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98627829
Alternative Phone No	OTHERS-98627829
Vehicle Particulars	
Manufacturer	CHRYSLER
Model	SEBRING
Exact Purpose for which vehicle was being used at time of accident	GOING SHOPPING
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00011454
Cover Note Number	
Driver	

Name of Driver RAM ROHITASHWA TIWARY

 NRIC No
 \$7777269C

 Date Of Birth
 07/03/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/10/1999

Driving Experience 19 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98627829

Fax Number

Contact Number OTHERS-98627829

EMail Address RAM_TIWARY@YAHOO.COM.SG

Address BLK 18 ST. GEORGE'S ROAD

#11-88 320018

M 1: 1 (II) NO NO

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 COLLIDED INTO PEDESTRIAN

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 1
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 1

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181107/7001

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 PEDESTRIAN

Vehicle Category PRIVATE CAR

Name of Driver RAJU VEERAMANI

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name RAJU VEERAMANI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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)
 - (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.

Policyholder's Signature

Date & Time:

Anlise 1022m

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN N

Accident Sketch Plan

KETCH PLAN			
	SEKANGE	one gone	-
	8	Dupitop ST	RAJU VEERAMAN (PROWNEL AN)
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ECLARATION			
We declare the foregoing par	ticulars are true in	every respect.	an 15 lubois
olicyholder's Signature ate & Time: Stull 18 C. 15 A.C.L.	Driver's S (If driver Date & Ti	is not the policyholder)	Reporting Centre Personnells Signature Name: Kell LI Waltons NRIC/FIN No.:

POLICE REPORT





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20181107/7001

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 00:47	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: RAM ROHITASHWA TIWARY			Address: APT BLK 18 ST. GEORGE'S ROAD #11-88 SINGAPORE 320018			
ID Type / ID No.: NRIC NO / S7777269C		Contact No.: Home/Office: Mobile: 98627829				
Nationality: SINGAPORE CITIZEN		Email: Ram_Rohitashwa_TIWARY@spf.gov.sg				
Sex: Male	Age: 41	Date of Birth: 07/03/1977	Type of Informant: Driver			
Race: Indian		Language: English	Institution / School Name:			
Occupation: Police officer		Driving Licence Information: Class: Date of Expiry:				

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 06/11/2018 21:30	Type of Location Straight Road
Location: DUNLOP STI	REET	Road Surface:		Road Speed Limit:
Class	Clear Dry Traffic Flow: Traffic Control: One Way Not Controlled			
				Traffic Volume: Moderate

Details of Vehicle Involved					
Туре	Make	Model	Color	Condition	No of Passenger
Car					0
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Details of Person Involved	THE RESIDENCE OF THE PROPERTY OF THE PARTY O
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Used

POLICE REPORT



T/20181107/7001

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181107/7001

CONTINUATION OF REPORT

Driver				1000	115	
Name	RAM ROHITASHWA TIWARY			ID No		S7777269C
Related Vehicle	SJN2432G (Car)			Contact No.		98627829
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge NIL			
No. of Days gran	ys granted Medical Leave NIL			f Injury	njury NIL	
Pedestrian						A SHEET STATE OF THE STATE OF T
Name	RAJU VEERAMANI		ID No	+	G8516502Q	
Related Vehicle	NIL			Contact No.		82802517
Hospital/Clinic	TAN TOCK SENG H		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	06/11/2018	Date Disc	harge	07/11	/2018	
No. of Days gran	ted Medical Leave	Degree of			t	

Brief Details.

I was driving my vehicle along Dunlop St closer to Serangoon Rd when I observed a male Indian subject being held by 3 or 4 other male subjects on the left side pavement. As I approached, I sounded my horn and as I drove past, the drunk male subject stepped down from the pavement and my front left wheel went over his right feet. I immediately stopped the car and the friends said that his foot was stuck so I reversed and he was able to move aside. He had sat down when this happened and I immediately stopped my car at the right side of the road with its hazard light on and attended to the subject. The subjects" drunk friends started to shout and asked to call the police while the sober one asked for the subject to be brought to hospital. I drove them to Farrer Park Hospital but was asked to go to TTSH by the staff. I brought the subject to TTSH A&E where he was attended to. The subject was able to walk to my car and sit in it with little assistance and complained of pain on his right foot where the 3rd and 4th nail were bleeding. The subject wanted to settle the matter privately and kept requesting for no police report to be lodged though I informed him of the need to do so and advised him the same. I paid for the subjects medical fee at A&E and the doctor informed that his small for had a small crack.

POLICE REPORT





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20181107/7001

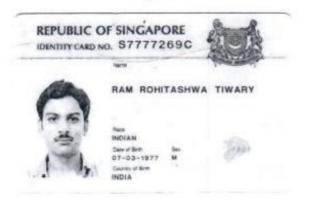
CONTINUATION OF REPORT

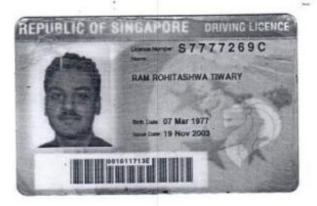
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Informant is not able to provide sketch plan

Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2018 00:47		
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:		
Authentication Stamp			









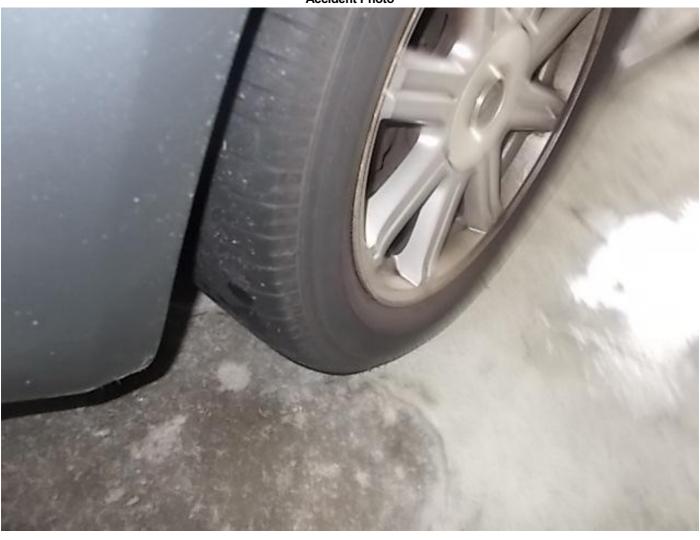
Accident Photo







Accident Photo



Accident Photo



