

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	12/12/2018 09:49
Date Of Accident	07/12/2018 14:20
Exact Location Of Accident	JALAN KEMBANGAN TWDS CHANGI L/P 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY5020U
Insured/Policyholder	
Name Of Registered Owner	TRACE DESIGN + BUILD PTE LTD
Co Reg No	201114456W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64439988

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5088444281-01
Cover Note Number	

Driver

Name of Driver	KULANTHAIVEL JAYARAMAN KULANTHAISELVAM
Passport No/FIN	G2527984R
Date Of Birth	02/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	10/02/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94696596
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	62 UBI RD 1 #07-20/21 OXLEY BIZHUB 2
Postcode	408734
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : XU FEI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NPP
Police Station Address	ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181207/2120

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	NA/UNKNOWN
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

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

DETAILS OF INJURED PERSON 1	
Name	UNKNOWN(PEDESTRIAN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

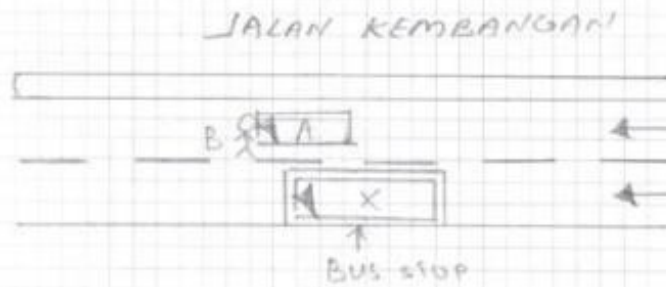
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

A - GYSDJOU
B - PEDESTRIAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the police report: 7/20181207/2120

DECLARATION

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


Policyholder's Signature
Date & Time:


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


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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181207/2120

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No. T/20181207/2120

CONTINUATION OF REPORT

Driver			
Name	KULANTHAIVEL JAYARAMAN KULANTHAISELVAM		ID No. G2527984R
Related Vehicle	GY5020U (Lorry)		Contact No. 94696596
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 09/02/2020
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/12/2018 at about 1420hrs, I was driving my company vehicle (Trace Design + Build Pte Ltd) along Jalan Kembangan towards Changi Road on the right lane of the two lane road. As I approached the bus stop (83329) opposite Kembangan Mrt Station near lamp post 11, a bus (Bus Service 42, SBS8863A) was seen dropping off the passengers.

Prior to driving past the bus stop, a female walked onto the road suddenly and as such, I could not stop my vehicle in time and hit onto the pedestrian. Subsequently, I alighted from my vehicle to make a check and the bus driver called for the Ambulance. The Traffic Police and Ambulance then arrived and the pedestrian was conveyed to the hospital thereafter.

I wish to inform that I am lodging this report as requested by Traffic Police Investigation Officer Bei Feng with reference to G/20181207/0109. I also wish to inform that I do not have any dashcam in my vehicle. I do not have particulars of the pedestrian.

Accident Photo



Accident Photo



Accident Photo



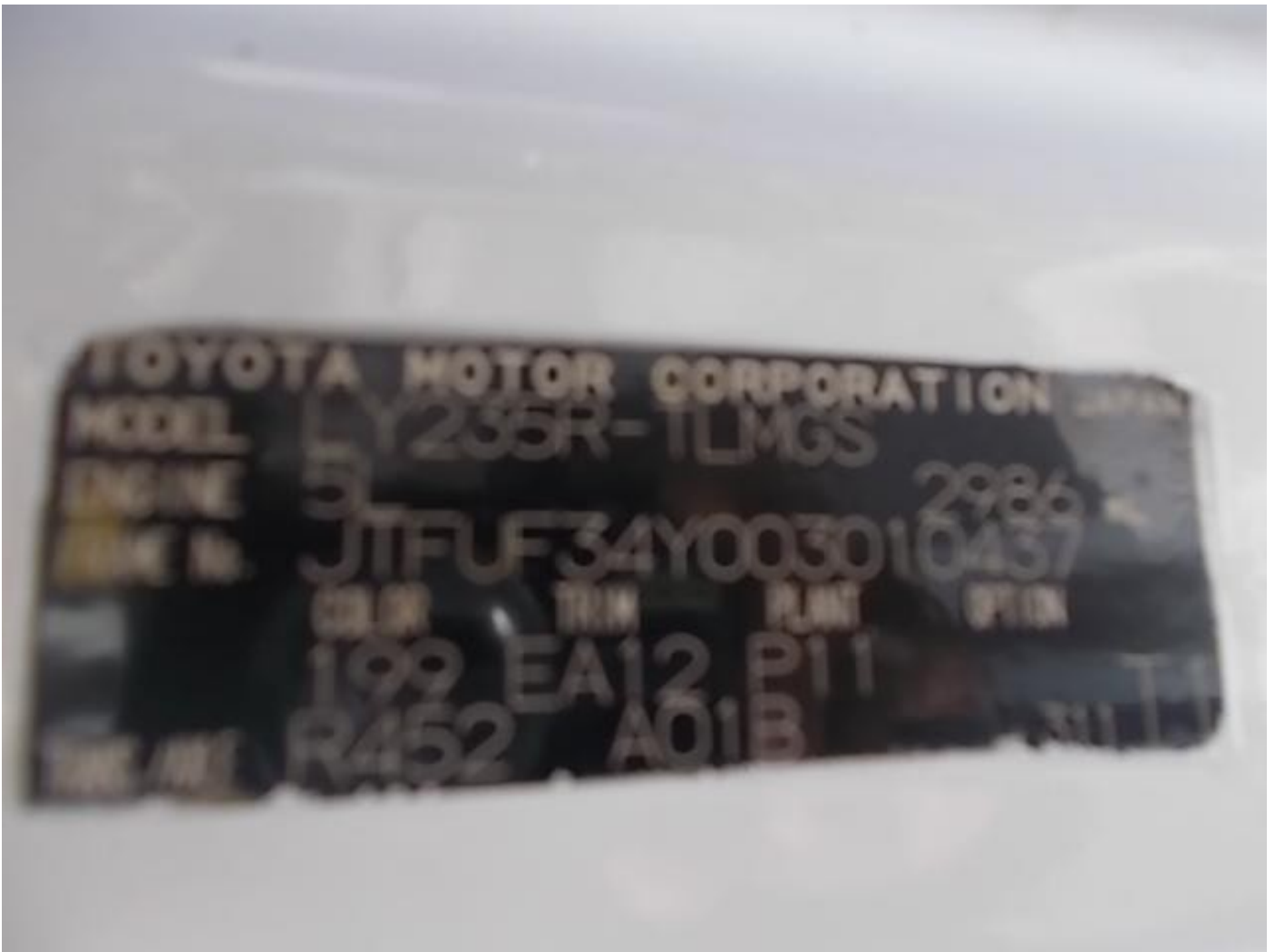
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181207/2120

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

Report No. T/20181207/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2018 16:59	Video Report No.: G/20181207/0109	Station Diary No.: 23
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Informant's Particulars

Name of Informant: KULANTHAIVEL JAYARAMAN KULANTHAISELVAM			Address: 20 Teh Guan Road East #02-45 West Lite Dormitory SINGAPORE 603591		
ID Type / ID No.: FIN NO / G2527984R			Contact No.: Home/Office: Mobile: 94696568		
Nationality: INDIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 02/01/1986	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B,3 Date of Expiry: 09/02/2020		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/12/2018 14:20	Type of Location: Straight Road
Location: JALAN KEMBANGAN Along Jalan Kembangan towards Changi Road opposite Kembangan MRT Lamp Post Number: 11				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY5020U	Lorry	TOYOTA	DYNA 150 D	Silver		1

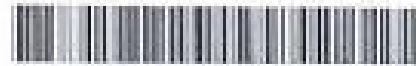
Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Used

Police Report



**SINGAPORE
POLICE FORCE**



T/20181207/2120

Police Station Of Origin:
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114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No: T/20181207/2120

CONTINUATION OF REPORT

Driver			
Name	KULANTHAIVEL JAYARAMAN KULANTHAISELVAM	ID No.	G2527984R
Related Vehicle	QY5020U (Lorry)	Contact No	94596595
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 09/02/2020
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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Police Report



SINGAPORE
POLICE FORCE



T/2018/207/2120

3 of 3

Report No. T/2018/207/2120

Police Station Of Origin:
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114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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 65474985 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt Z TAN KAI JUN, CHRISTIAN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP/GIT/ Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131 Authentication stamp Singapore Police Force	

Signature Of Informant:
Date/Time: 07/12/2018 18:59
Classification Of Case: