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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

#07-20/210XLEY 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

3

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 2

Number of Passengers (Including Driver)

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

TEL NO: - FAX NO:

Police Station Address

ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 ,

COUNTRY: SINGAPORE

Police Station Contact
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

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

	JALAN KEMBE	NGAN
G450204	BSMAI	4
PEDESTRIAN	[4 ×	4
	Bus stop	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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 .:





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 1 of 3 Report No. T/20181207/2120

REPORT OF A TRAFFIC ACCIDENT

Tel No: 1800-2899999

	ne Report N 018 16:59	/lade:	Vide Report No.: G/20181207/0109	Station Diary No.: 23	
Informa	nt's Partic	ulars	A DESCRIPTION OF THE PARTY OF T		
KULANT KULANT ID Type	f Informant: ΓΗΑΙVEL JA ΓΗΑΙSELVA / ID No.: / G2527984	AYARAMAN AM	Address: 20 Toh Guan Road East SINGAPORE 608591 Contact No.: Home/Office:	#02-45 West Lite Dormitory Mobile: 94696596	
National INDIAN	ity:		Email:		
Sex: Male	Age:	Date of Birth: 02/01/1986	Type of Informant: Driver	*	
Race: Indian			Language:	Institution / School Name:	
Occupat	ion: RUCTION	- P	Driving Licence Information: Class: 2B,3 Date of Expiry: 09/02/2		

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 KEME Along Jalan K Lamp Post No	embangan towards Ch	angi Roa	d opposite ł	Kembangan MRT	
Weather:		Road S			Road Speed Limit:
Clear		Diy		and the second s	80
Clear Traffic Flow:			Control:		Traffic Volume: Light

Details of Vehicle Involved							
Vehicle No.	Туре	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





2 of 3

Report No. T/20181207/2120

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

CONTINUATION OF REPORT

Driver				No.		
Name	KULANTHAIVEL JAYARAMAN KULANTHAISELVAM			ID No		G2527984R
Related Vehicle	GY5020U (Lorry)			Contact No.		94696596
Hospital/Clinic	NIL		\$	Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: 09/02/2020
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		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. Subsquently, 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.





3 of 3

Report No. T/20181207/2120

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

Singapore Police Force

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

Signature Of Officer Recording The Report: F / Sgt 2 TAN KAI JUN, CHRISTIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2018 16:59
Officer In Charge Of Case: TP-I-GIT / SN 085 Staff Sgt MUHAMMAD KHAIRIL BJN KAMAL	Classification Of Case:





VISIT PASS Immigration Regulations

16-12-2017

Download SGWorkPass App to check status

KULANTHAIVEL JAYARAMAN KULANTHAISELVAM

G2527984R

Date of Birth 02-01-1986

Pationalty

INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 10 Feb 2015 Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 10 Feb 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A



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	Policy N	40.				Date	of Accident		07/12/2018	14:20	
	Vehicle	No.(For Motor)	GY5020	υ		Certifi	icate Number	ő			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5088444281- 01		TRACE DESIGN + BUILD PTE LTD	201114456W	GCV	Third Party, Fire & Theft	GY5020U		29/04/2018	28/04/2019

12/12/2018 Claim Handling(accident reporting Claim Task 001 OD-MX) Claim Handling Accident MT/1023532 Policy No. 5088444281-01 Vehicle No. GY5020U GST Registration No Cortificate No. Policyholder Name TRACE DESIGN + BUILD PTE LTD Policyholder NRIC Product Code COMMERCIAL VEHICLE INSURA! Cover Type Third Party, Fire & Theft Loading Contact No.(Mobile) Contact No.(Office) 64439988 Contact No.(Home) Email Address Special Remark eCode KEK - No Yes TCA No Yes eCode Reason NCD Protection No NCD Entitlement(%) Private Hire Accident Details Report Date 12/12/2018 10:22 Accident Report Within 24 hrs Yes Accident Type Date of Accident 07/12/2018 Time of Accident hh:mm 14:20 Country of Accident Reporting Centre Orange Force ICM No. Accident Location JALAN KEMBANGAN TWDS CHANGI L/P 11 * Excess Own damage Excess Additional Excess 0.00 Windscreen Excess Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 0.00 Outside Singapore TP Excess → Benefits GST Registered Information GST Registered No **GST Registration Date** GST Registration No. GST Status Verified No Modification History Policyholder Mailing Address Address I 62 UBI ROAD 1 Address 2 #07-20/21 OXLEY BIZHUB 2 Address 3 Address 4 Address Type Singapore address Post Code Unit No. 03-06 Related Policy Number 5087064887-02 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name KULANTHAIVEL JAYARAMAN KUL Driver NRIC G2527984R Driver DOB Register Date of Driver License 10/02/2015 Driver Age 32 Driving Experience Contact No. (Mobile) 94696596 Contact No.(Office) 0 Contact No.(Home) Address 1 62 UBI ROAD 1 Address 2 OXLEY BIZHUB 2 Address 3 Address 4 Address Type Singapore address Post Code #07-20/21 Does he own a Singapore Registered car? Yes = No Driver Vehicle No. Driver Insurer Com Declaration Breathalyser or Blood Test 0 mg Any injury? · Yes No Reading? Modification History Claim 001 OD-MX New

Claim Type *						OD-MX	▼ Insured Name	TRACE
Conjact No.(Mobile)						91094068	Contact No. (Home)	
Email Address							O1 Vehicle Number	GY5020
Claim Description						GY5020U / PEDESTRIAN O	N 7 Dec 2018	
Preferred Workshop Bolkuket No. Finalisation Yes	Preferered ▼ Repair	d Liability Not at Fault Preferred Workshop, Name unknown	GIA report	Received	•			
Date Registered	Option	Note: 100 and	усран			12/12/2018 10:37	Claim Close Date	
Report Taken By						ROSLINDA	Workshop Repairer	6

Print AK letter

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