

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 #07-20/21OXLEY 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

SKETCH PLAN

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. 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.

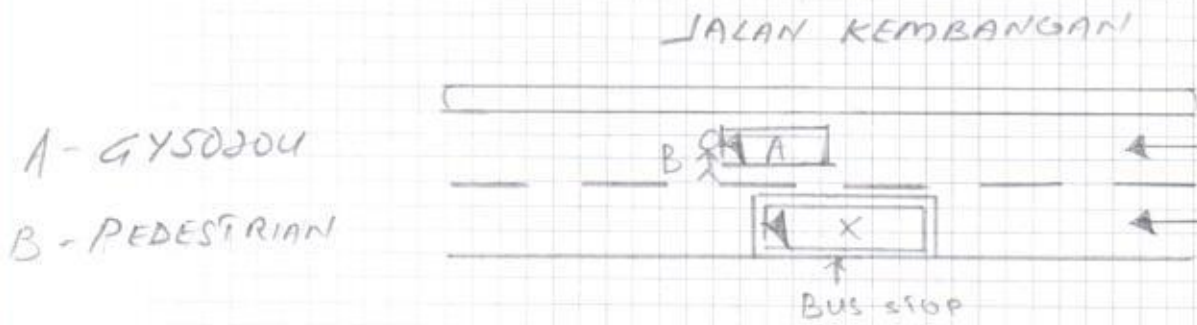


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



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.:



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	Vide Report No.: G/20181207/0109	Station Diary No.: 23
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: KULANTHAIVEL JAYARAMAN KULANTHAISELVAM			Address: 20 Toh Guan Road East #02-45 West Lite Dormitory SINGAPORE 608591		
ID Type / ID No.: FIN NO / G2527984R			Contact No.: Home/Office: Mobile: 94696596		
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



**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

2 of 3

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.



**SINGAPORE
POLICE FORCE**



T/20181207/2120

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

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:

F /

Sgt 2 TAN KAI JUN, CHRISTIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT / SN 085
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

07/12/2018 16:59

Classification Of Case:


WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TRACE DESIGN + BUILD PTE. LTD.

Name
KULANTHAIVEL JAYARAMAN KULANTHAISELVAM

Work Permit No.
0 36414138

Sector
CONSTRUCTION

 **K0071681**

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **G 2527984R**

Name
KULANTHAIVEL JAYARAMAN KULANTHAISELVAM

Birth Date: **02 Jan 1986**

Issue Date: **10 Feb 2015**

Valid Till **09 Feb 2020**

 **002394973J**



VISIT PASS
Immigration Regulations

15-12-2017

Name
KULANTHAIVEL JAYARAMAN KULANTHAISELVAM

FIN
G2527984R

Date of Birth
02-01-1986

Sex
M

Nationality
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.





Download SGWorkPass App to check status

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 of the driver; and other motor vehicles =< 2500kg	10 Feb 2015

Licence No: G2527984R



NP 428A

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

07/12/2018 14:20

Vehicle No.(For Motor)

GY5020U

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5088444281-01		TRACE DESIGN + BUILD PTE LTD	201114456W	GCV	Third Party, Fire & Theft	GY5020U	GY5020U	29/04/2018	28/04/2019

Claim Handling

Accident MT/1023532

Policy No.	5088444281-01	Vehicle No.	GY5020U	GST Registration No.
Certificate No.				
Policyholder Name	TRACE DESIGN + BUILD PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	0	Contact No.(Office)	64439988	Contact No.(Home)
Email Address		Special Remark		eCode
KIX	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	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	0.00	Additional Excess	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 1	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	Driver DOB
Unnamed driver Name	KULANTHAIVEL JAYARAMAN KUL	Driver NRIC	G2527984R	Driving Experience
Register Date of Driver License	10/02/2015	Driver Age	32	Contact No.(Home)
Contact No.(Mobile)	94698596	Contact No.(Office)	0	Address 3
Address 1	62 UBI ROAD 1	Address 2	OXLEY BIZHUB 2	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#07-20/21			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	--

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TRACE
Contact No.(Mobile)	91094068	Contact No. (Home)	
Email Address		Vehicle Number	GY5020U
Claim Description	GY5020U / PEDESTRIAN ON 7 Dec 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	12/12/2018 10:37	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

[Save](#) [Submit](#)

Attachment



Accident No.	MT/1023532	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/12/2018 00:00
Path *		Category *	Confidential
Choose File No file chosen		Clear	Please Select <input type="button" value="NO"/>
Choose File No file chosen		Clear	Please Select <input type="button" value="NO"/>
Choose File No file chosen		Clear	Please Select <input type="button" value="NO"/>
Choose File No file chosen		Clear	Please Select <input type="button" value="NO"/>
Choose File No file chosen		Clear	Please Select <input type="button" value="NO"/>
Choose File No file chosen		Clear	Please Select <input type="button" value="NO"/>
Choose File No file chosen		Clear	Please Select <input type="button" value="NO"/>
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2018 10:37	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2018 10:37	SAS	Normal	SAS 21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2018 10:34	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2018 10:34	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2018 10:34	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2018 10:34	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2018 10:34	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2018 10:34	Photos	Normal	Photos :

Video List

Uploaded By/Date	Folder Date	File Name	
		Display in New Window	Scan and uploading