

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	26/12/2018 16:21
Date Of Accident	25/12/2018 17:15
Exact Location Of Accident	JUNCTION OF RAFFLES BOULEVARD/TEMASEK AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ102H
Insured/Policyholder	
Name Of Registered Owner	ORANGE CARZ RENTAL PTE. LTD.
Co Reg No	201709215M
Email Address	JAZZY23@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90050374
Alternative Phone No	OFFICE-94253340

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5092137388-01
Cover Note Number	

Driver

Name of Driver	JOHN ROBERT
NRIC No	S8140584J
Date Of Birth	03/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2005
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90050374
Fax Number	
Contact Number	OTHERS-94253340
EEmail Address	JAZZY23@GMAIL.COM

Address	BLK 704 YISHUN AVENUE 5 #12-248
Postcode	760704
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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
Number of Passengers (Including Driver)	1

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?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181225/2090

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSF5662
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	SURIS A/L MUTHUSAMY
NRIC/Passport Number	730219015659
Contact Number	93509041
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

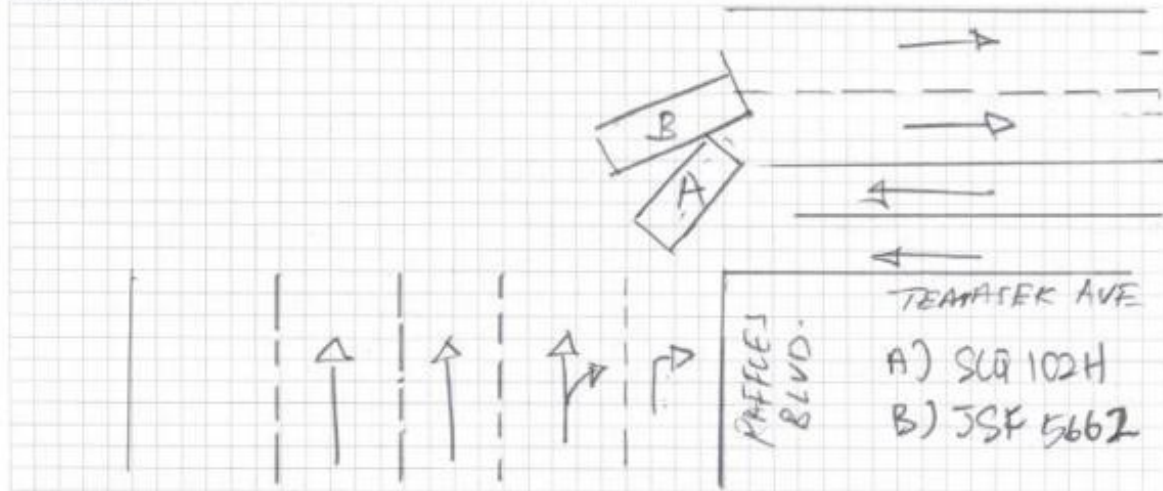

Policyholder's Signature
Date & Time: 26/12/2018
1435 HRS


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT. 1/2018/225/2090
- VIDEO FOOTAGE. 3 PICTURES AVAILABLE

DECLARATION

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

Policyholder's Signature
Date & Time: 26/12/2018 1435

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

Reporting Centre Personnel's Signature
Name: Rosalyn
NRIC/FIN No.: 26/12/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181225/2090

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

1 of 3

Report No. T/20181225/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2018 20:10	Vide Report No.: A/20181225/0124	Station Diary No.: 101
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Informant's Particulars

Name of Informant: JOHN ROBERT			Address: APT BLK 704 YISHUN AVENUE 5 #12-248 SINGAPORE 760704		
ID Type / ID No.: NRIC NO / S8140584J			Contact No.: Home/Office: Mobile: 94253340		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 03/12/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/12/2018 17:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 RAFFLES BOULEVARD TEMASEK AVENUE At traffic light junction				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSF5662	Bus/Coach/Mi nibus				Slightly Damaged	39
SLQ102H	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181225/2090

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

2 of 3
Report No. T/20181225/2090

CONTINUATION OF REPORT

Driver			
Name	SURIS A/L MUTHUSAMY		ID No. 730219015659
Related Vehicle	JSF5662 (Bus/Coach/Minibus)		Contact No. 93509041
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JOHN ROBERT		ID No. S8140584J
Related Vehicle	SLQ102H (Car)		Contact No. 94253340
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, as I was turning my vehicle from Raffles Boulevard into Temasek Ave towards Marina Bay Sands, a M'sian registered coach which was on the outer lane on my left, graced the left side of my vehicle. Both of us stopped our respective vehicles and I called for the Police. Nobody was injured in the accident and when the Traffic Police arrived, we were advised to lodge a Police report.

The damage to the vehicles are as follows:

SLQ102H:

1. front left side dented and badly scratched
2. Front left rim scratched
3. Left side mirror scratched

JSF5662:

1. Bottom part of the middle right portion of coach scratched

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181225/2090

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

3 of 3

Report No. T/20181225/2090

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 / Sgt 1 SAADIAH BTE HAMZAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/12/2018 20:10
Officer In Charge Of Case: TP / GIT / Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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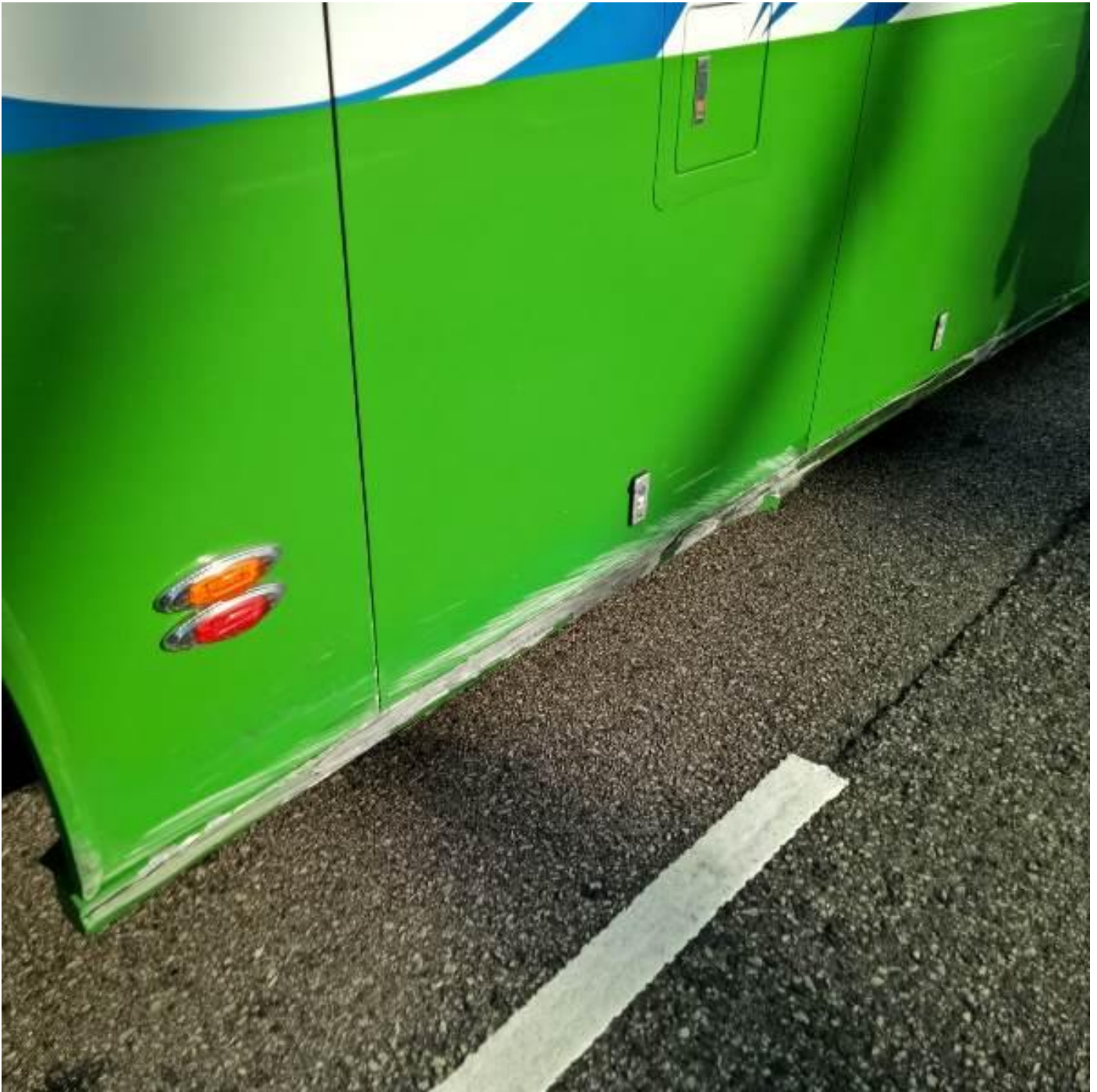
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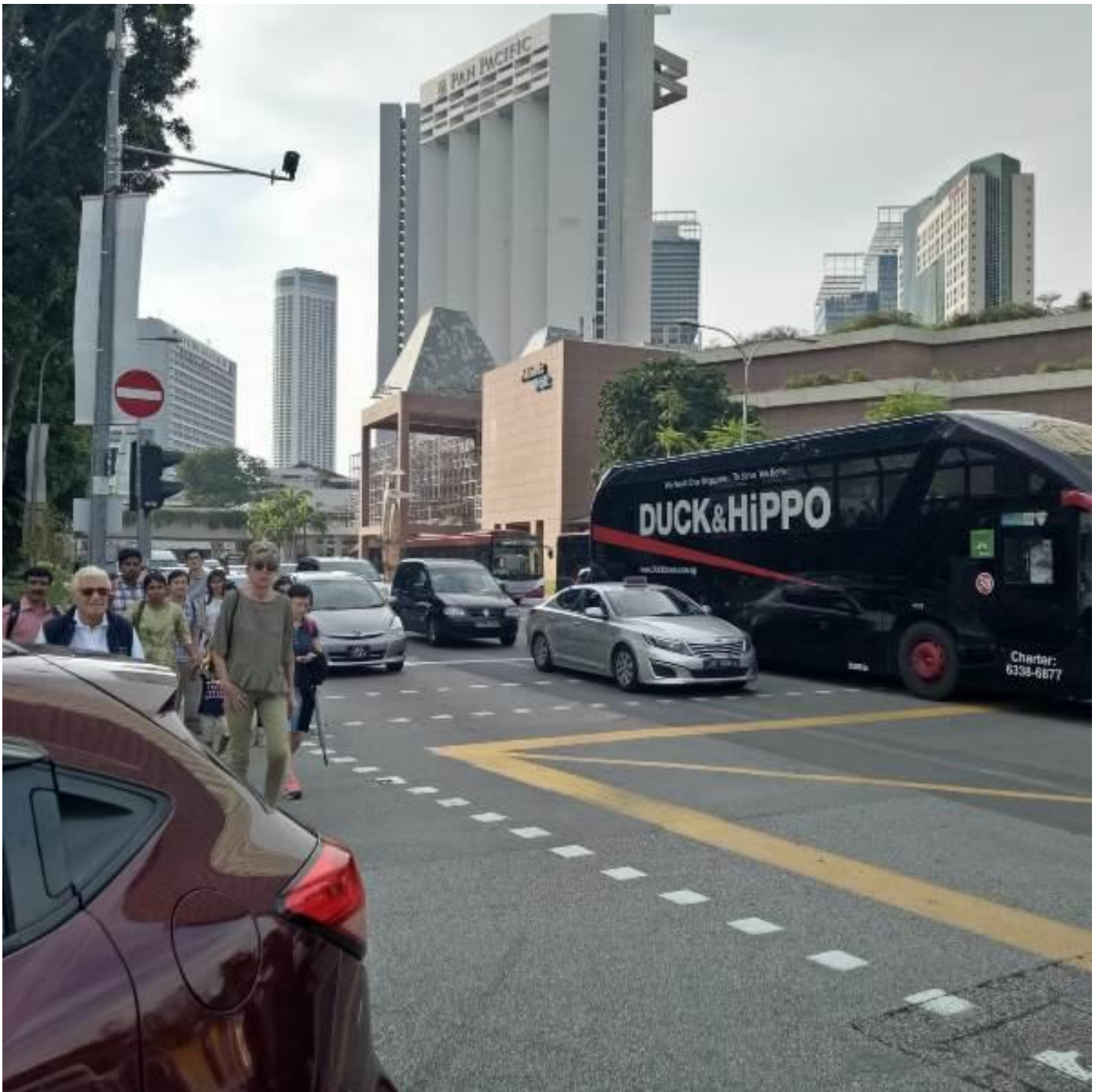
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PEJABAT KEMENTERIAN PELANCONGAN DAN KEBUDAYAAN MALAYSIA NEGERI JOHOR
KEMENTERIAN PELANCONGAN DAN KEBUDAYAAN MALAYSIA
(MINISTRY OF TOURISM AND CULTURE MALAYSIA)

Jalan 2 KKM, Wisma PERKESO
 80200 Larkin, Johor Bahru
 JOHOR DARUL TAKZIM
 MALAYSIA

16 DEC 2018

D5 398
 3/4

Telefon : 07-2233171
 Faks : 07-2212704
 Portal Rasmi : www.motac.gov.my

BORANG PERMOHONAN DAN KELULUSAN PENGECUALAN PEMANDU PELANCONG

Nama Syarikat : DREAM LINER TRANSTOUR SDN BHD Alamat : 176-B JALAN KENANGA 29/4, INDAHPURA, 81000 KULAI, JOHOR No. Lesen KPL : 6429 Tarikh Tamat : 30.06.2020 No. Telefon : 012-7155214	Nama Penganjur : PONMANI A/P SELLADURAI Alamat : 5889 JALAN MATAHARI 34/4, INDAHPURA, 81000 KULAI, JOHOR No. Lesen KPL : (Jika Berkaitan) Tarikh Tamat : (Jika Berkaitan) Pemilik : DREAM LINER TRANSTOUR Kenderaan : SDN BHD No. Lesen KPL : 6429 Tarikh Tamat : 30.06.2020
No Pendaftaran Bas Persiaran : JSF5662 Muatan Tempat Duduk : 44	Tarikh Tamat Lesen BP : 30.06.2020 Jumlah Penumpang : 42

1. Tujuan Perjalanan : ✓ TRANSFER DUA HALA
2. Destinasi : ✓ BUKIT KAYU HITAM
3. Laluan Perjalanan : ✓ JOHOR-BUKIT KAYU HITAM-JOHOR
4. Tarikh/Masa/Tempat Bertolak : ✓ 20-12-2018 / 6.00PM / KULAI, JOHOR
5. Tarikh/Masa/Tempat Pulang : ✓ 23-12-2018 / 12.00PM / BUKIT KAYU HITAM
6. Ketua Rombongan : ✓ PONMANI A/P SELLADURAI No. Telefon: 019-7752651
7. Tempat Penginapan : ✓ HATYAI, THAILAND

(Sila sertakan salinan lesen kenderaan, 2 salinan jadual perjalanan, 2 salinan senarai penumpang, 2 salinan surat penganjur, 2 salinan surat pengesahan wang/ bank draft)

SARAVANAN DEVIADAS

Addendum Sheet

28/DEC/2018/FRI 17:41

FAX No.

P. 001/001

12/28/2018

ADDENDUM.jpg



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048510
Tel: (65) 6724 0010 Fax: (65) 6724 0020
Operating Hours: Monday to Friday, 09:00 - 17:00
Email: 38888822@gias.org.sg Web: www.gias.org.sg

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MA14418165828 Vehicle Registration No: 91Q102H
Name (as shown on NIC): ORANGE CARZ RENTAL P/L NRIC/FIN/Passport No: 201709215M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 101 HILLVIEW RISE #14-07 Singapore: 667981
Contact (Tel): _____ Mobile No.: 90050774
Email Address: jazzy.23@gmail.com
Date of Accident: 25/12/2018 Time of Accident: 1715HRS
Place of Accident: JUNCTION OF RAFFLES BLVD / TEMASEK AVE
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

From Reporting to Third Party Claims

Policyholder / Driver: [Signature]
Date: 28/12/2018



Reporting Centre Personnel's Signature: [Signature]
Name: 202111111111
NRIC/FIN No.: 28/12/2018
Date: