

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	03/01/2019 15:33
Date Of Accident	02/01/2019 17:20
Exact Location Of Accident	PIE (CHANGI) BESIDE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH2848K
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Insured/Policyholder

Name Of Registered Owner	RAMESH S/O ARIVALAN
NRIC No	S8537244J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91857061
Alternative Phone No	OFFICE-91857061

Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8T FSI MU CVT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097799986
Cover Note Number	

Driver

Name of Driver	RAMESH S/O ARIVALAN
NRIC No	S8537244J
Date Of Birth	07/11/1985
Occupation	INDOOR
Date Of Driving Pass	21/09/2005
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91857061
Fax Number	
Contact Number	OFFICE-91857061
EEmail Address	NOEMAIL

Address	BLK 520C TAMPINES CENTRAL 8 #04-55
Postcode	523520
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	CHAIN COLLISION
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	3
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
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	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5872999 - FAX NO: 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190102/2170,

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	SLM6411Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM1280R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RAMESH S/O ARIVALAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKH2848K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.:

Accident Sketch Plan

SKETCH PLAN

ME > change beside FUNUS EXIT

Sketch Plan

Vehicle A: SCH 2842K

Vehicle B: SEM 6A11Y

Vehicle C: SEM 1280R

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer to the police report.

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 Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20190102/2170

1 of 4

Report No. T/20190102/2170

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
02/01/2019 22:36

Vide Report No.:

Station Diary No.:
81

Informant's Particulars

Name of Informant:
RAMESH S/O ARIVALAN

Address:
APT BLK 520C TAMPINES CENTRAL 8 #04-55 SINGAPORE
523520

ID Type / ID No.:
NRIC NO / S8537244J

Contact No.:
Home/Office: Mobile: 91857061

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 33 07/11/1985

Type of Informant:
Driver

Race:
Indian

Language: Institution / School Name:

Occupation:
Business development manager

Driving Licence Information:
Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2019 17:20	Type of Location: Straight Road
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Location:
Along Road 1
PAN ISLAND EXPRESSWAY

PIE toward Changi Airport, beside Eunus Exit (Lane 1)

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy
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Type of Collision: Chain Collision	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

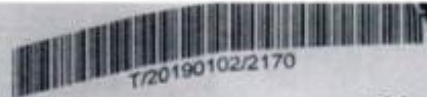
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
KH2848K	Car	AUDI	A4 1.8T FSI MU CVT ABS D/AB 2WD 4DR	White	Seriously Damaged	0
M1280R		NISSAN	LATIO SPORT BASE 1.5L AT ABS D/AB 2WD 5D	Blue	Seriously Damaged	0

Police Report



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Changi N.P.C
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Tel No: 1800-5872999



T/20190102/2170

2 of 4

Report No. T/20190102/2170

CONTINUATION OF REPORT

Details of Vehicle Involved					Condition	No of Passenger
Vehicle No.	Type	Make	Model	Color	Seriously Damaged	
SLM6411Y	Car	HONDA	GRACE HYBRID 1.5DX AUTO	Silver		1

Details of Vehicle Insurance				Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No			
SKH2848K	NTUC Income Insurance Co-Operative Limited	5097799986		23/02/2018	22/02/2019

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	RAMESH S/O ARIVALAN		ID No.	S8537244J	
Related Vehicle	SKH2848K (Car)		Contact No.	91857061	
Hospital/Clinic	UNIHEALTH 24-hrs clinic (Toa Payoh)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	02/01/2019		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight	
Driver					
Name	PEH KUN HUI		ID No.	S7107080H	
Related Vehicle	SLM1280R		Contact No.	NIL	
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	

Police Report



**SINGAPORE
POLICE FORCE**



T/20190102/2170

3 of 4

Report No. T/20190102/2170

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

CONTINUATION OF REPORT

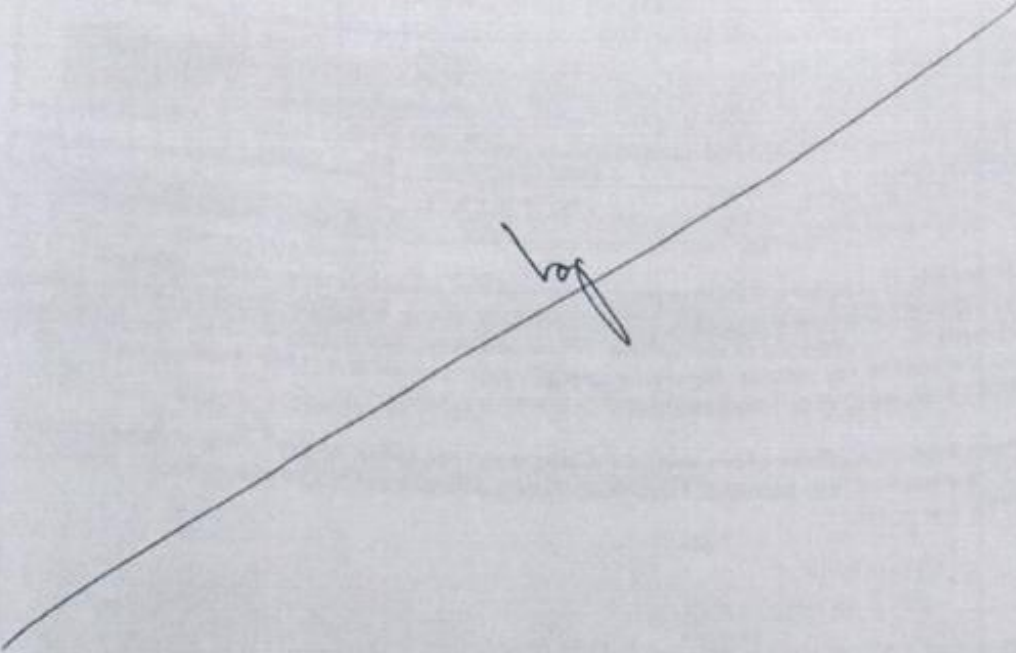
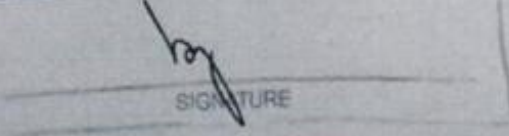
Driver			
Name	PHUA YUBIN, JUSTIN	ID No.	S8236851E
Related Vehicle	SLM6411Y (Car)	Contact No.	98574438
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time. I driving along lane 1 of PIE toward Changi Airport. Out of sudden, the vehicle in front of my brake. As such I slow down my vehicle which eventually come to a stop. Seconds later, I felt a impact on the rear of my vehicle. I then saw back mirror and realized that another car had collided into the rear of my vehicle. Before I could get down the vehicle, I felt another impact on the rear of my vehicle. That was when I realized that it was a chain collision.

During that time, there was LTA officer which was at the scene to took photo of the whole incident. I had suffered some back injuries from the accident. I had seek medical treatment at Unihealth clinic, and was given 3 days of MC by the doctor.

Police Report

POLICE FORCE		Report No. T/20190102/2170
Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999		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 <u>report number</u> as reference.		
Signature Of Officer Recording The Report: G / Sgt 2 CHOO WEI CHONG	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2019 22:36	
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING Contact No.: 90020518	Classification Of Case:	
Authentication Stamp NP168		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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