

## 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	28/01/2019 12:40
Date Of Accident	26/01/2019 08:30
Exact Location Of Accident	SEMBORP MARINE TUAS BOULEVARD YARD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR5345J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THADJAYANAN THAVERAJAH
NRIC No	S8971140A
Email Address	THADJAYANAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90256171
Alternative Phone No	OTHERS-90256171

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	PTE 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103126679
Cover Note Number	20/08/2018 - 19/08/2019

### Driver

Name of Driver	THADJAYANAN THAVERAJAH
NRIC No	S8971140A
Date Of Birth	15/09/1989
Occupation	INDOOR
Date Of Driving Pass	17/06/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90256171
Fax Number	
Contact Number	OTHERS-90256171
EEmail Address	THADJAYANAN@GMAIL.COM

Address	BLK 8 MARSILING DRIVE #13-36
Postcode	730008
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	COLLISION - OPENING DOOR OF VEHICLE
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	WOODLANDS WEST NPC
Police Station Address	<b>ROAD:</b> 9 MARSILING LANE , <b>POSTCODE:</b> 739146 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

On 26 Jan 2019, at around 8.30am, I was driving into my workplace carpark. There is 2 lanes in the carpark both of the lanes are in the same direction. I was driving slowly and when I was approaching the zebra crossing the rear passenger door of a taxi opened suddenly and hit my car. That location was not a passenger drop off point. I immediately took the required photos and the same day afternoon I made a incident report with police.

#### 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	SHA1943Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GAN SIEW LAN
NRIC/Passport Number	S0061776H
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SJR 5345J  
INSURER: NAC  
DATE & TIME: 26/01/19 8:30 AM

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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: 28-1-19  
12:34 hrs.

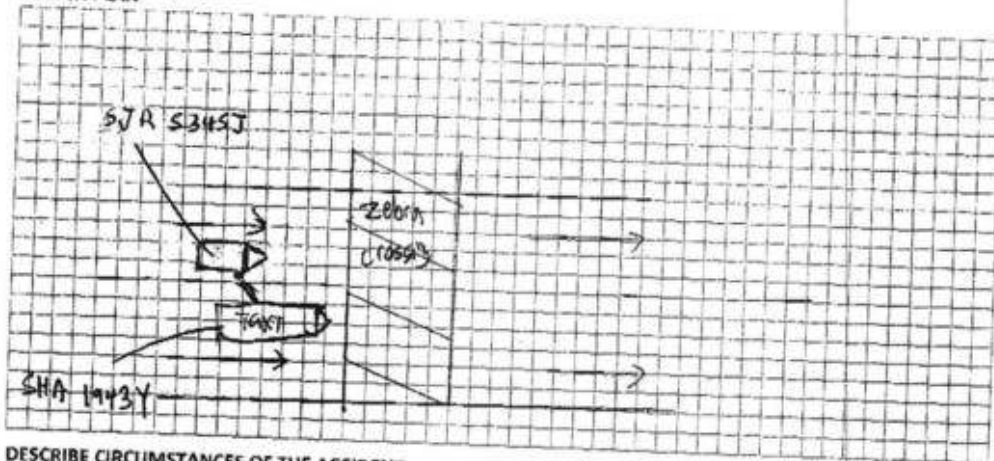
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

(W.L.) eng 28/1/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GICAMC SketchPlanForm\_V3

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 Jan 2019, at around 9.30am, I was driving into my workplace car park. There is 2 lanes in the car park both of the lanes are in the same direction. I was driving slowly and when I was approaching the Zebra crossing the rear passenger door of the taxi opened suddenly and hit my car. That location was not a passenger drop off point. I immediately took the required photos and the same day afternoon I made a incident report with the police.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### DECLARATION

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

Policyholder's Signature

Date & Time: 29-1-19  
12.34 hrs.

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

( ) Reporting Only

CLAIMANT'S SIGNATURE

( ) Claim Own Policy

(✓) Claim Third Party

( ) Claim OD/TP at other workshop

Notice of Reporting

Annex D

NOTICE OF REPORTING

This is to confirm that **THADJAYANAN**, NRIC/FIN **S8971140A**, has reported to the Police a non-injury traffic accident which occurred along **80 TUAS SOUTH BOULEVARD, SEMBCORP MARINE TUAS BOULEVARD YARD CARPARK**.

On **26 JANUARY 2019** at **0830HRS** involving the following vehicles:

- 1) **SJR 5345 J – BLUE HONDA FIT**
- 2) **SHA 1943 Y – BLUE HYUNDAI LOLIQ**

2 If this accident was reported to the Police within 24 hours of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: **Sgt(1) David**

Date: **26 JANUARY 2018** Time: **1717hrs**

Police Post/Unit: **Woodlands West NPC** S/D Ref: **109**

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police



  
Thadjayanan  
Thaveranajah  
26-1-2019