

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	11/02/2019 17:47
Date Of Accident	01/02/2019 17:35
Exact Location Of Accident	CTE (AYE) AFTER AMK AVE 5 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9396T
Insured/Policyholder	
Name Of Registered Owner	BABY HOLIDAY EVENTS PTE LTD
Co Reg No	201120631Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98562843
Alternative Phone No	OFFICE-98562843

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER 3.0 GL AUTO
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	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	BVBPSB0005821800
Cover Note Number	

Driver

Name of Driver	CHANDRASEKARAN S/O ARUMUGAM
NRIC No	S7643133G
Date Of Birth	28/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2012
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86574827
Fax Number	
Contact Number	OFFICE-86574827
Email Address	NOEMAIL

Address	BLK 640A YISHUN STREET 61 #01-182
Postcode	761640
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	COLLISION - CHANGE/CROSS LANE
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?	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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190202/2063.

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	SJZ2642D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY KAY POH
NRIC/Passport Number	S0029633C
Contact Number	96557787
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name	CHANDRASEKARAN S/O ARUMUGAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC9396T
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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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:

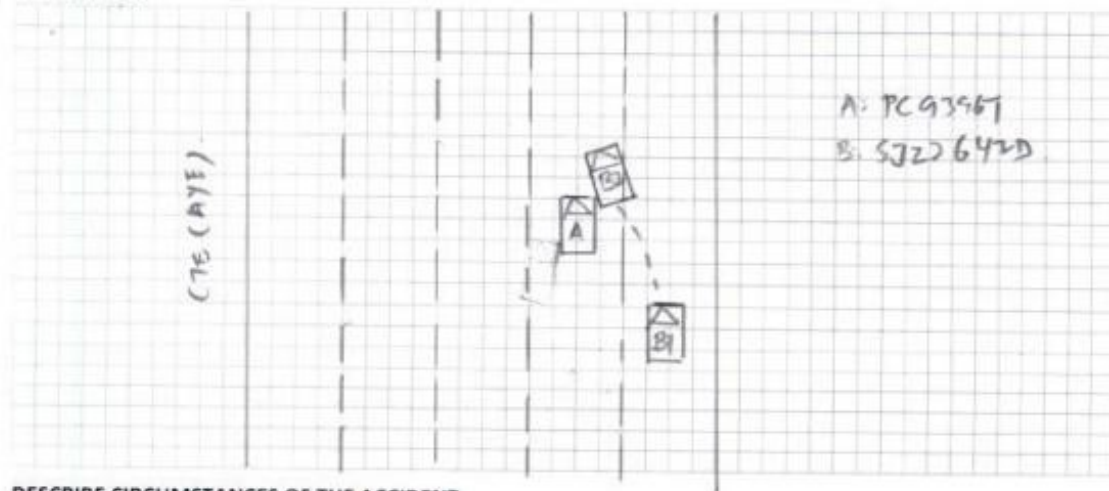
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

IAATBC SketchPlanForm_v1

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report - 1/20190202/2063.

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:

02/02/2014.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190202/2063

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

1 of 3

Report No. T/20190202/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2019 11:16	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars			
Name of Informant: CHANDRASEKARAN S/O ARUMUGAM		Address: APT BLK 640A YISHUN STREET 61 #01-182 SINGAPORE 761640	
ID Type / ID No.: NRIC NO / S7643133G		Contact No.: Home/Office: Mobile: 86574827	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 28/12/1976	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: LIMOUSINE DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/02/2019 17:35	Type of Location: Expressway
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards AYE, after Ang Mo Kio Ave 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
PC9396T	Bus/Coach/Mi nibus				Seriously Damaged	0
SJZ2642D	Car				Seriously 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/20190202/2063

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

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Report No. T/20190202/2063

CONTINUATION OF REPORT

Driver				
Name	CHANDRASEKARAN S/O ARUMUGAM		ID No.	S7643133G
Related Vehicle	PC9396T (Bus/Coach/Minibus)		Contact No.	86574827
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
Name	TAN KAY POH		ID No.	S0029633C
Related Vehicle	SJZ2642D (Car)		Contact No.	96557787
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.

I am the driver of PC9396T.

On 01/02/2019 at about 1735hrs, I was driving my vehicle bearing registration number PC9396T along CTE towards AYE, just after Ang Mo Kio Ave 5. I was driving my vehicle along lane 2. There is one vehicle bearing registration number SJZ2642D along Lane 1. After a while, the said vehicle suddenly drove and cut into my lane, causing his rear left bumper swiped onto my front right bumper. The accident caused both our vehicle to skid, almost hitting to other cars.

Fortunately, no one was injured during the accident. Both of us alighted at the side and exchanged particulars. My vehicle suffered damages to the front right bumper whereas the other party suffered damages on the rear left bumper.

I am lodging this report for my own record purposes and to submit to IDAC for damage assessment.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190202/2063

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

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Report No. T/20190202/2063

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 3 MUHAMMAD FIRDAUS BIN ABDUL RASHID	Signature Of Informant: 02/02/2019.
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2019 11:16
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168

Medical Cert

CHUA CLINIC & SURGERY

BLOCK 844, YISHUN STREET 81, #01-156
SINGAPORE 760844. TEL : 67521603

No. 62787

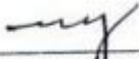
This is to certify that

CHANDRASEKARAN S/O ARUMUGAM

is unfit for ^{Work} School for Two (2) days.

from 3rd FEB 2019 to 4th FEB 2019

* Not valid for court abstinence.


DR. CHUA CHIAN BENG
M.B.,B.S. (SINGAPORE)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

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 : MNA119019080 Vehicle Registration No: PC9396T
Name(as shown in NRIC) : BABY HOLIDAY EVENTS PTE LTD NRIC/FIN/Passport No : 201120631Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 98562843
Email Address : _____
Date of Accident : 01/02/2019 Time of Accident : 17:35
Place of Accident : CTE (AYE) AFTER AMK AVE 5 EXIT
Insurance Company: Allied World Assurance Company, Ltd

(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:

Add in injuries.



Policyholder / Driver's Signature
Date: _____

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