

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	07/02/2019 17:01
Date Of Accident	04/02/2019 15:10
Exact Location Of Accident	BENDEMEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8349U
Insured/Policyholder	
Name Of Registered Owner	A VIJAYAKUMARI
NRIC No	S1681558F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82986486
Alternative Phone No	OTHERS-91813824

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	5105503834
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	RAVINDRAN S/O ELANTHIRAIAN
NRIC No	S9449507E
Date Of Birth	27/12/1994
Occupation	INDOOR
Date Of Driving Pass	04/09/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91813824
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Vehicle Registration Number	GBE7043E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOI POH WAH
NRIC/Passport Number	S1235130E
Contact Number	91855015
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RAVINDRAN S/O ELANTHIRAIAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT8349U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ELANTHIRAIAN S/O SELVARAJU
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT8349U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	A VIJAYAKUMARI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT8349U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Address	BLK 34 #06-21 WHAMPOA WEST
Postcode	330034
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	4
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CAIRNHILL NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 GLOUCESTER ROAD , POSTCODE: 210009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2968999 - FAX NO: 63912398
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was travelling along lane 1. Suddenly, vehicle B dashed out from the slip road, halfway into lane 1. Upon seeing this, I jammed my brakes and stopped as to give way to vehicle B. However, the right rear area of vehicle B side swiped into the left front area of my vehicle A.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG TO BE UPLOADED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 07-02-2019 / 16:53

Report No: MT

D.O.A: 04-02-2019
Time: 15:10 hrs

Vehicle No: SLT8349L Reporting Type:

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.

07-02-19 / 16:53

Policyholder's Signature / Date & Time



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

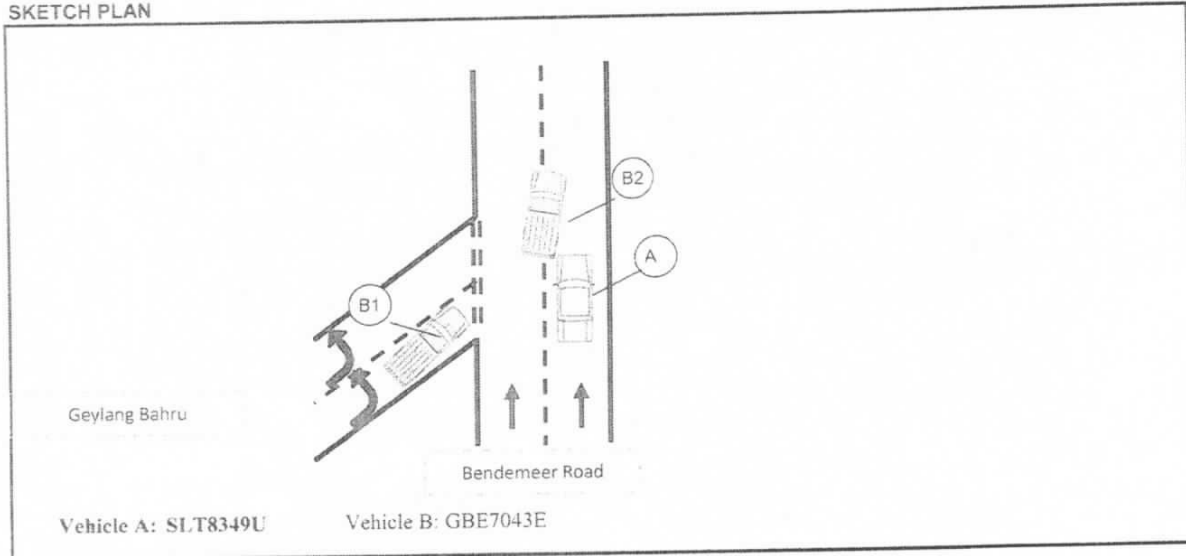
07-02-19 / 16:53

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along lane 1. Suddenly, vehicle B dashed out from the slip road, halfway into lane 1. Upon seeing this, I jammed my brakes and stopped as to give way to vehicle B. However, the right rear area of vehicle B side swiped into the left front area of my vehicle A.

Declaration

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

07-02-19 / 16:53

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

07-02-19 / 16:53

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

Police Report Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190205/2039

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

2 of 3

Report No. T/20190205/2039

CONTINUATION OF REPORT

Driver			
Name	LOI POH WAH	ID No.	S1235130E
Related Vehicle	GBE7043E (Lorry)	Contact No.	9185 5015
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RAVINDRAN S/O ELANTHIRAIAN	ID No.	S9449507E
Related Vehicle	SLT8349U (Car)	Contact No.	9181 3824
Hospital/Clinic	CARE4LIFE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/02/2019	Date Discharge	05/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 04/02/2019 at about 1510hrs, I was driving my car (SLT 8349 U) along Bendemeer Rd near Ministry of Manpower. At that point in time, I was in the middle lane.

In the midst of me driving along the said road, a lorry (GBE 7043 E) had joined Bendemeer Rd from Geylang Bahru. At that point in time, the lorry was slightly ahead of me and he was in the extreme left bus lane and I was on the right lane (just beside the bus lane). Almost immediately, the said lorry swerved into my lane without due consideration.

I then had to jam brake and came to a halt. However, the said lorry had sideswiped my car already. I then got out of my vehicle and both of us exchanged particulars. My car sustained damage on the front left bumper/mudguard region. I have an in-car camera.

I would like to state that I had 3 other passengers with me (my father, mother and younger brother). My mother sustained back and knee injuries, my father had left shoulder and left elbow injuries whereas I had shoulder, back and leg injuries. All of us went to visit the doctor and were given 3 days MC each.



**SINGAPORE
POLICE FORCE**



T/20190205/2039

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999


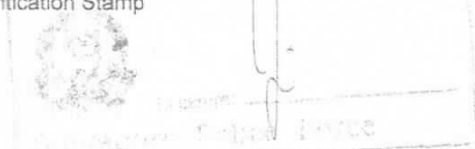
3 of 3
Report No. T/20190205/2039

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 2 MUHAMMAD ALIF ABDULLAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2019 15:35
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168 	

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190205/2039

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Report No. T/20190205/2039

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2019 15:35	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: RAVINDRAN S/O ELANTHIRAIAN			Address: APT BLK 34 WHAMPOA WEST #06-21 SINGAPORE 330034	
ID Type / ID No.: NRIC NO / S9449507E			Contact No.:	Mobile: 9181 3824
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 24	Date of Birth: 27/12/1994	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Student			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: 04/02/2019 15:10	Type of Location: Straight Road
Location: Along Road 1 BENDEMEER ROAD GEYLANG BAHRU Before bus stop along Bendemeer Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBE7043E	Lorry				Slightly Damaged	0
SLT8349U	Car				Slightly Damaged	3

Details of Person Involved

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