

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 | 14/03/2019 15:07 |
| Date Of Accident | 12/03/2019 19:20 |
| Exact Location Of Accident | BRADDEL ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GBA1760D |
| Insured/Policyholder | |
| Name Of Registered Owner | KYM LEASING LLP |
| Co Reg No | T14LL1614L |
| Email Address | KWANYING@SINGNET.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67476845 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | EQ INSURANCE COMPANY LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMCFHQ18-000044 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | SASHIKUMAR S/O PAKIRSAMY |
| NRIC No | S9032739I |
| Date Of Birth | 06/09/1990 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/09/2018 |
| Driving Experience | 0 YEAR AND 5 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98246046 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 708 HOUGANG AVENUE 2 #03-75 |
| Postcode | 530708 |
| 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 | RAINING |
| Road Surface | WET |

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 | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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 | SMH9730X |
| 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)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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. 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: 14/3/19



Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

| | |
|--|---|
| | <p>Vehicle</p> <p>A - GBA1760D</p> <p>B - SMH9730X</p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Vehicle </div> <div style="text-align: center;"> Motorcycle </div> </div> |
|--|---|

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was going towards upper Serangoon Road underpass near
 Lornie Rd along BCA, a car (SMH9730X) Lexus, side swipe me
 as he was changing lane to prevent from entering (1E and
 entered upper Serangoon Road underpass as I was driving
 straight. Landmark: BCA academy. There was no pedestrian
 crossing there at the moment. I have the photo of the vehicle
 which hit me.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe
 from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 14/3/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190312/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190312/7009

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|------------------------------|----------------------------|--|
| Date/Time Report Made: 12/03/2019 20:55 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SASHIKUMAR S/O PAKIRSAMY | | Address: APT BLK 708 HOUGANG AVENUE 2 #03-75 SINGAPORE 530708 | | | |
| ID Type / ID No.: NRIC NO / S90327391 | | Contact No.: Home/Office: | | Mobile: 98246046 | |
| Nationality: SINGAPORE CITIZEN | | Email: sashi0690@gmail.com | | | |
| Sex: Male | Age: 28 | Date of Birth: 06/09/1990 | Type of Informant: Driver | | |
| Race: Indian | | Language: English | | Institution / School Name: | |
| Occupation: Despatch worker | | Driving Licence Information: Class: | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|-----------------------------|------------------------------------|--|---------------------------------|
| Type of Accident: | Non-Injury Drink & Drive | Drink Drive: Yes | Date/Time of Accident: 12/03/2019 07:20 | Type of Location: Y-Junction |
| Location: BRADDELL ROAD | | | | |
| Weather: Raining | | Road Surface: Wet | Road Speed Limit: 60 Km/h | |
| 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 |
|-------------|------|------|-------|-------|-----------|-----------------|
| GBA1760D | Van | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190312/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190312/7009

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------|------------------|---|
| Driver | | | |
| Name | SASHIKUMAR S/O PAKIRSAMY | | ID No. S9032739I |
| Related Vehicle | GBA1760D (Van) | | Contact No. 98246046 |
| 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.

As i was going towards Upper Serangoon Road Underpass near Lornie Road along BCA, a Car (SMH9730X) Lexus, Side Swipe me as he was changing lane to prevent from entering CTE and Entered Upper Serangoon Road Underpass as i was driving straight. Landmark: BCA academy. There was no pedestrian crossing there at the moment. I have the photo of the Vehicle which hit me.



**SINGAPORE
POLICE FORCE**



T/20190312/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190312/7009

CONTINUATION OF REPORT

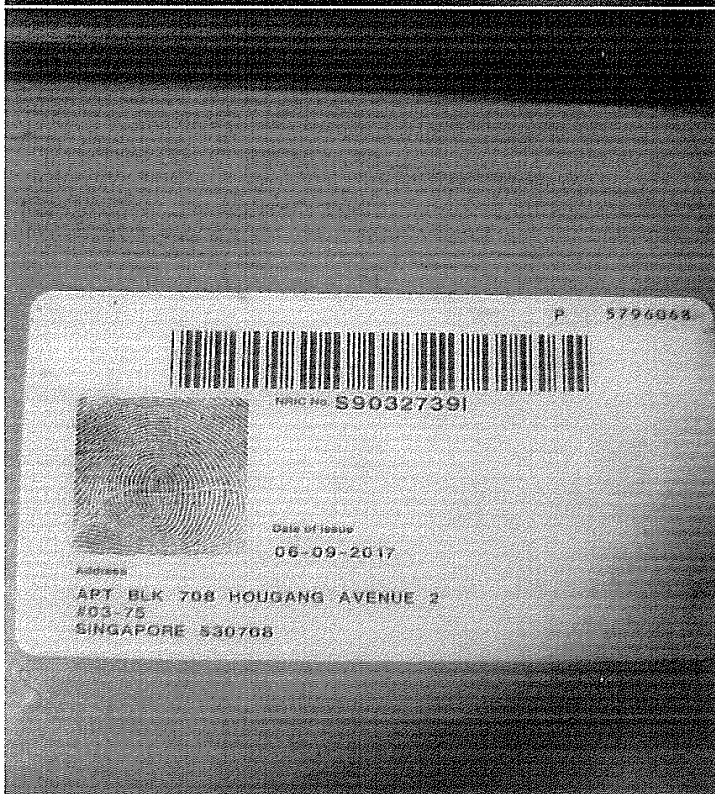
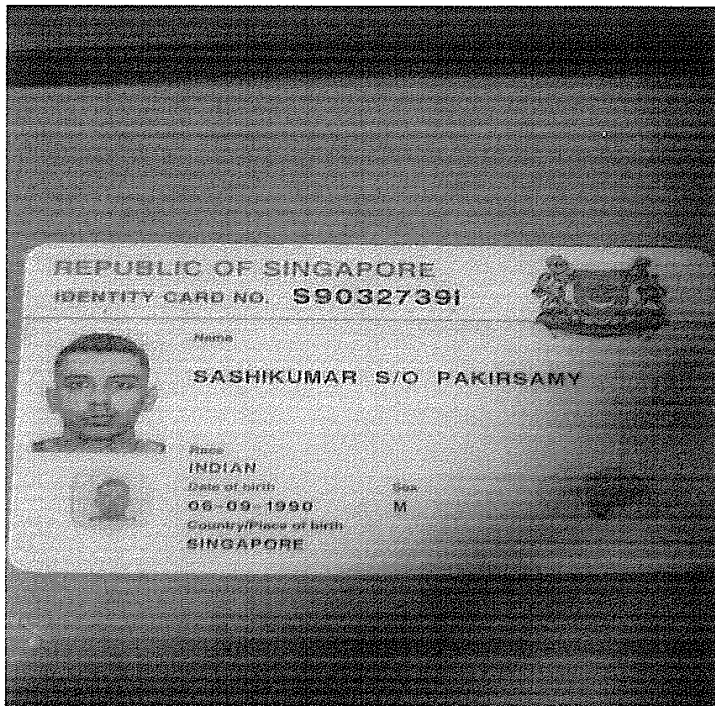
Sketch Plan

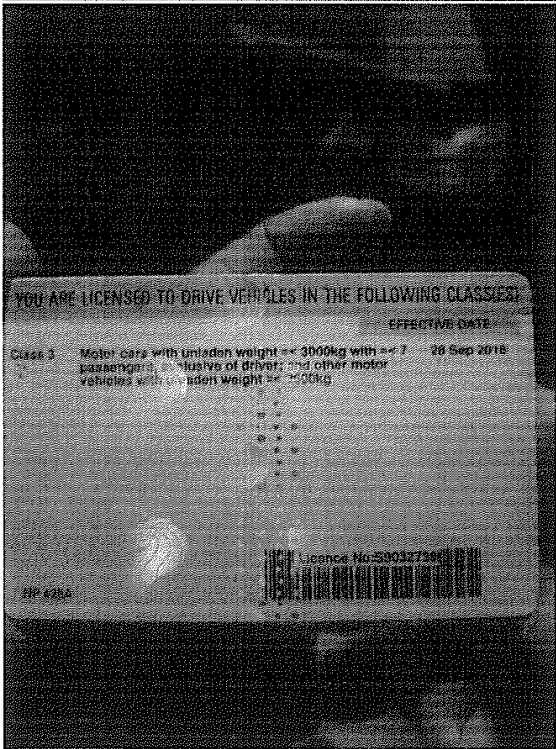
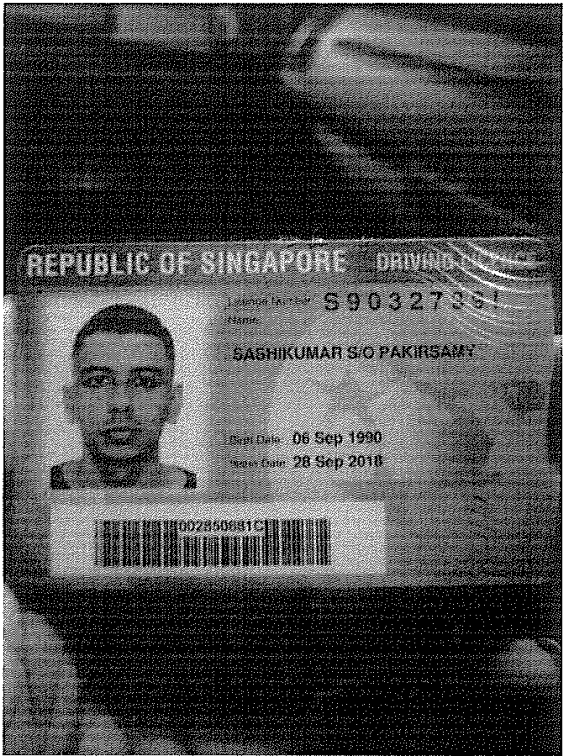
Informant is not able to provide sketch plan

| |
|---|
| Signature Of Officer Recording The Report: Not applicable |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / TPIB / CHONG GUAN FATT Contact No.: 65476198 |

Authentication Stamp
NP168

| |
|--|
| Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Date/Time: 12/03/2019 20:55 |
| Classification Of Case: |







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: S66550020G / 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 : MPA 219034331 Vehicle Registration No : GBA 1760 D
Name (as shown in NRIC) : Sashikumar s/o. Pakiramy NRIC/FIN/Passport No : S9032739 I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9026 3688
Email Address : _____
Date of Accident : 12/3/2019 Time of Accident : 1920 hrs.
Place of Accident : Braddell Rd.
Insurance Company : EQ Insurance.

(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:

Owner vehicle no should be
GBA 1760 D.


Policyholder / Driver's Signature
Date:


PROGRESSIVE CAR CARE PTE LTD
Blk 3022A Ubi Road 1 # 01-45/46
Singapore 408716
Tel: 6741 5336 Fax: 6741 7208
Email: claims@progressivecarcare.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: