

## 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	28/03/2019 13:35
Date Of Accident	27/03/2019 09:30
Exact Location Of Accident	PIE (CHANGI) BEFORE 17D EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1067L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FIRETECH SERVICES PTE LTD
Co Reg No	200108054Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62679595
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5065535850-04
Cover Note Number	

### Driver

Name of Driver	GOPAL AYYAPPAN
Passport No/FIN	G7247993P
Date Of Birth	15/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87492965
Fax Number	
Contact Number	OFFICE-87492965
EEmail Address	NOEMAIL

Address	50 BUKIT BATOK STREET 23 #06-26 MIDVIEW BUILDING
Postcode	659578
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JKT7003 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190327/2032.

#### 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	JKT70003
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHF726M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME: :

GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJF2303M

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) 1

## Accident Sketch Plan

### SKETCH PLAN

#### 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. 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: 27/10/2019

1700hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

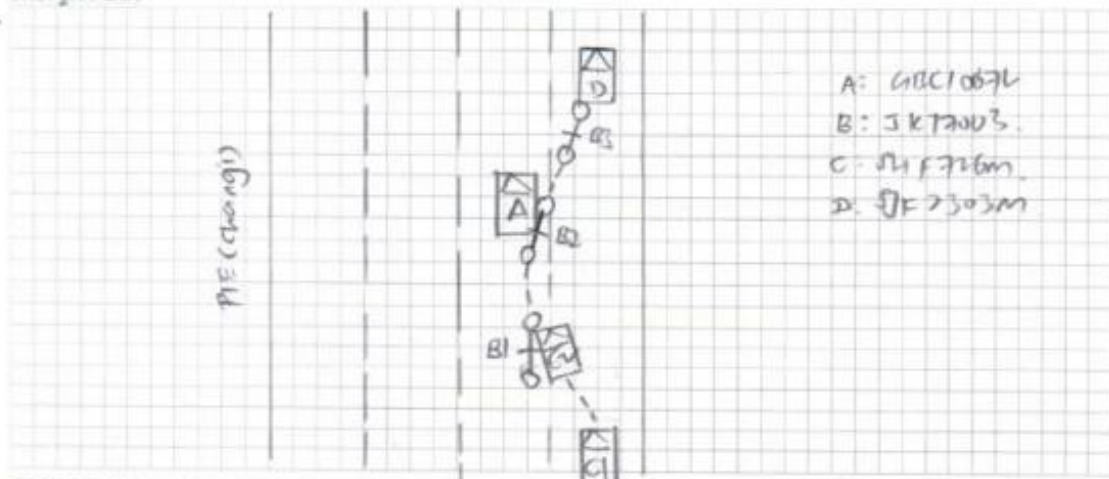
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - Th0190327/2020.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 27 Mar 2019  
Probus

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**



T/20190327/2032

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3

Report No. T/20190327/2032

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2019 11:17	Vide Report No.: E/20190327/0055	Station Diary No.: 50
--	-------------------------------------	--------------------------

### Informant's Particulars

Name of Informant: GOPAL AYYAPPAN	Address: APT BLK 28 TOH GUAN ROAD EAST #04-14 WESTLITE TOH GUAN DORMITORY SINGAPORE 608596
ID Type / ID No.: FIN NO / G7247993P	Contact No.: Home/Office: Mobile: 87492965
Nationality: INDIAN	Email:
Sex: Male Age: 38 Date of Birth: 15/06/1980	Type of Informant: Driver
Race: Indian	Language: Institution / School Name:
Occupation: TECHNICIAN	Driving Licence Information: Class: 3 Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2019 09:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE Towards Changi, Before Exit 17D				
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 - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC1067L	Van				Slightly Damaged	1
JKT7003	Motorcycle					0
SHF726M	Car					1
SJF2303M	Car					0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190327/2032

Police Station Of Origin:

Toa Payoh N.P.C

2 of 3

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194

Report No. T/20190327/2032

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOPAL AYYAPPAN	ID No.	G7247993P
Related Vehicle	GBC1067L (Van)	Contact No.	87492965
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

### **Brief Details.**

On 27/03/2019 at about 0930hrs, I was driving my company van bearing reg no GBC1067L on the second lane from the right along PIE towards Changi. Shortly after, I heard someone sounded their horn, I looked at the right side mirror and discovered that a red Renault taxi bearing reg no SHF726M was in-between the first lane and the second lane from the right and a Malaysia motor vehicle bearing reg no JKT7003 had lost his control and drove towards my company van.

I wish to state that I had witnessed the whole accident whereby the Malaysia Motor vehicle had knocked onto the taxi front left bumper as the taxi driver had drove his vehicle into the second lane, which resulted him to lose control and collided with my company vehicle. After the collision, I came out of my vehicle and discovered that there was another Toyota vehicle bearing reg no SJF2303M was involved in the accident. I wish to state that I am unsure how the Toyota vehicle was involved in the accident.

After the accident, Traffic Police and ambulance came and conveyed the Malaysia Motor vehicle rider. There was no exchange of particulars. I wish to state that my vehicle suffered dent above my right rear brake light cover and scratch marks at the right rear cover. I wish to state that myself and my passenger was not injured in the accident.

Police Report



SINGAPORE  
POLICE FORCE



T/20190327/2032

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20190327/2032

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:

E /

Sgt 1 DARREN TAN YUANJIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/03/2019 11:17

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Classification Of Case:



SINGAPORE  
POLICE FORCE

SN 168

Authentication Stamp

NP168

SIGNATURE



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



Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo

