

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	03/04/2019 18:20
Date Of Accident	02/04/2019 13:15
Exact Location Of Accident	PUNGGOL RD BEFORE JUNC RIVERVALE DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD905A
Insured/Policyholder	
Name Of Registered Owner	MR PREMAKARAN SURESH MENON
NRIC No	S6926278C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82337756
Alternative Phone No	OFFICE-82337756

Vehicle Particulars

Manufacturer	HYUNDAI
Model	VERNA 1.4 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	19-MT000362-R01
Cover Note Number	

Driver

Name of Driver	PREMAKARAN SURESH MENON
NRIC No	S6926278C
Date Of Birth	27/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	29/02/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82337756
Fax Number	
Contact Number	OFFICE-82337756
Email Address	NOEMAIL

Address	BLK 528 BUKIT BATOK STREET 51 #01-52
Postcode	650528
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 - HEAD TO REAR
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	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190403/2076.

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	SDB6162T
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)

DETAILS OF INJURED PERSON 1	
Name	PREMAKARAN SURESH MENON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJD905A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 Authorized 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 revoke its 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 situated 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 (including 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.:

Accident Sketch Plan

SKETCH PLAN

A: SJD 905 A
B: SDB 6162 T

THURGOOD ROAD


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I (SJD 905 A) WAS
ON THE LEFT LANE
TRAVELLING THE STATED VEHICLE. BEFORE THE ESSO PETROL
KIOSK, A TAXI STOPPED TO ALIGHT PASSENGERS. I
FOLLOWED TO STOP BEHIND. MY VEHICLE WAS STATIONARY
FOR ABOUT 10 SECONDS BEHIND THE TAXI AND
SUDDENLY THERE WAS A HUGE IMPACT FROM MY REAR.
I ALIGHTED TO CHECK AND REALISED ~~THAT~~ THAT (SDB 6162 T)
HAD REAR-ENDED ME CAUSING DAMAGES, ~~AND~~ ~~WE~~ WE
EXCHANGED PARTICULARS AND LEFT.

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:


Reporting Centre Person's Signature
Name:
NRIC/FIN No:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190403/2078

1 of 3

Report No. T/20190403/2078

Police Station Of Origin
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 03/04/2019 12:21		Vide Report No.:		Station Diary No.: 9
Informant's Particulars				
Name of Informant PREMAKARAN SURESH MENON		Address APT BLK 528 BUKIT BATOK STREET 51 #01-52 SINGAPORE 650528		
ID Type / ID No. NRIC NO / S6926278C		Contact No.: Home/Office: Mobile: 82337756		
Nationality SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 27/07/1969	Type of Informant: Driver	
Race Malayalee		Language:	Institution / School Name:	
Occupation: SAFETY FOREMAN		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/04/2019 13:15	Type of Location: Straight Road
Location: Along Road 1 PUNGGOL ROAD INFRONT OF ESSO PETROL KIOSK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDB6162T	Car	TOYOTA	WISH	White	Slightly Damaged	0
SJD905A	Car	HYUNDAI	VERNA 1.4 AUTO	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD905A	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT000362	12/01/2018	10/03/2020

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20190403/2076

2 of 3

Report No. T/20190403/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH ENG HOE	ID No.	S68410531C
Related Vehicle	SDB6162T (Car)	Contact No.	90030807
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
Driver			
Name	PREMAKARAN SURESH MENON	ID No.	S6926278C
Related Vehicle	SJD905A (Car)	Contact No.	82337756
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	02/04/2019	Date Discharge	03/04/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious

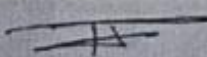
Brief Details.

On the stated time and date, I (V1, SJD905A) was travelling the stated venue on the left lane before the Esso petrol kiosk. A taxi stopped to alight passengers, I followed to stop behind, V1 was stationery, for about 10 seconds behind the taxi. Suddenly, there was a huge impact from my rear. I alighted to check and realized that a car (V2, SDB6162T) had rear-ended me causing damages. We exchanged particulars and left.

I then went to see a doctor and was given 4 days of MC.

I do not had any CCTV footage of the accident.

Police Report

SINGAPORE POLICE FORCE		T/20190403/2076	
Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-6679999		3 of 3 Report No: T/20190403/2076	
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 <u>report number</u> as reference.			
Signature Of Officer Recording The Report: J J Sgt 2 TAN HUAY HOCK		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 03/04/2019 12:21	
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED SAID No: 65476172 Signature Stamp Signature:		Classification Of Case:	
Singapore Police Force			

吸烟区

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

