

## 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	09/04/2019 16:18
Date Of Accident	12/07/2017 10:40
Exact Location Of Accident	ALONG TUAS BAY DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4687C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S C ANG CONSORTIUM PTE LTD
Co Reg No	199706083C
Email Address	NISHA@SCANG.COM
Mobile Phone No	(LOCAL) +65-86797309
Alternative Phone No	OFFICE-62731096

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 D L ABS AIRBAG 2WD 6DR (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5082991861
Cover Note Number	

### Driver

Name of Driver	MURUGESAN CHINNADURAI
Passport No/FIN	G6511122K
Date Of Birth	09/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2017
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86797309
Fax Number	
Contact Number	OFFICE-62731096
EEmail Address	NISHA@SCANG.COM

Address -  
 Postcode  
 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 JNR5391 (MOTORCYCLE)  
 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 NANYANG N.P.C  
 Police Station Address **ROAD:** 2 JURONG WEST AVE 5 , **POSTCODE:** 649482 , **COUNTRY:** SINGAPORE  
 Police Station Contact **TEL NO:** 1800-7929999 - **FAX NO:**  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20170712/2212

### 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 JNR5391  
 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)

# Accident Sketch Plan

## SKETCH PLAN

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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:

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

*09/06/2019*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

DS PER ATTACHMENT.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DS REFER TO POLICE REPORT  
7/2017071/2212

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

09/04/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20170712/2212

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3  
Report No. T/20170712/2212

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/07/2017 21:10	Vide Report No.: J/20170712/0093	Station Diary No.: 192
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**Informant's Particulars**

Name of Informant: MURUGESAN CHINNADURAI		Address:	
ID Type / ID No.: FIN NO / G6511122K		Contact No.: Home/Office:                      Mobile: 86797309	
Nationality: INDIAN		Email:	
Sex: Male	Age: 34	Date of Birth: 09/05/1983	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class:                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/07/2017 10:40	Type of Location: Straight Road
Location: Along Road 1 TUAS BAY DRIVE  ALONG TUAS BAY DR				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC4687C	Van	NISSAN	NV200 1.5L MT ABS AIRBAG 2WD 6DR	Silver	Slightly Damaged	0
JNR5391	Motorcycle				Slightly 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/20170712/2212

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20170712/2212

CONTINUATION OF REPORT

Driver			
Name	MURUGESAN CHINNADURAI	ID No.	G6511122K
Related Vehicle	GBC4687C (Van)	Contact No.	86797309
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.**

On 12/07/2017 at around 1040hrs, I was driving my company van: GBC4687C along lane 1 of Tuas Bay Dr. Just before 80 Tuas Bay Dr, a vehicle of unknown license plate was turning into the company premises along lane 2 and the motorcycle: JNR5391 that was behind the vehicle decided to overtake. The motorcyclist did not signal its intention to overtake and cut into lane 1. As I did not know that the motorcyclist is overtaking, I could not stop my van: GBC4687C in time and thus collided into the motorcycle.

As a result of the collision, my van left bumper was dented while the motorcycle front license plate was also damaged. The motorcyclist's left knee was swollen. Shortly after, the paramedics and the Traffic Police arrived. The motorcyclist was conveyed by the ambulance and the Traffic Police advised me to lodge a police report.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20170712/2212

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20170712/2212

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: J/ NG YEWE TECK 	Signature Of Informant:  
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2017 21:10
Officer In Charge Of Case: TP / GIT /  Contact No.:	Classification Of Case:
Authentication Stamp NP168  	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

