

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	26/04/2019 15:32
Date Of Accident	26/04/2019 08:40
Exact Location Of Accident	SLE AFTER WOODLANDS AVE 2 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ1762X
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	MAHALETCHIMI D/O KRISHNASAMY
NRIC No	S7018854F
Email Address	SWEETYTWEETY49@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90033368
Alternative Phone No	OTHERS-90033368

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	PVT 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107739761
Cover Note Number	25/02/2019- 24/02/2020

Driver

Name of Driver	MAHALETCHIMI D/O KRISHNASAMY
NRIC No	S7018854F
Date Of Birth	11/06/1970
Occupation	INDOOR
Date Of Driving Pass	14/05/1991
Driving Experience	27 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90033368
Fax Number	
Contact Number	OTHERS-90033368
EEmail Address	SWEETYTWEETY49@HOTMAIL.COM

Address	BLK 27 MARSILING DR #07-247
Postcode	2573
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	CHAIN COLLISION
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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL SEND TO NTUC DIRECTLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC810X
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

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

VEHICLE NO.: SMJ 1762X
INSURER : NTUC
DATE & TIME: 26/04/19 08:40 AM

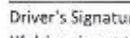
IMPORTANT NOTICE

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: 26/4/19

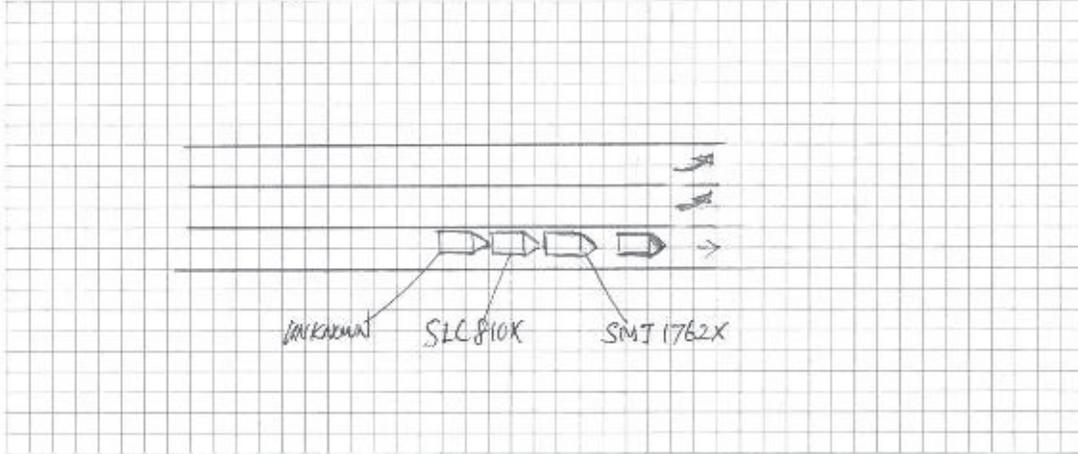

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: EPK
NRIC/FIN No.: WL

Sketch Plan #2

SKETCH PLAN

SLE TOWARDS BKE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ATTACHED TO POLICE REPORT

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature] 26/4/19

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

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

[Signature] 26/4/19
[Signature]

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190426/2049

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

1 of 3

Report No. T/20190426/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2019 13:59	Vide Report No.:	Station Diary No.: 18
--	------------------	--------------------------

Name of Informant: MAHALETCHIMI D/O KRISHNASAMY		Address: APT BLK 27 MARSILING DRIVE #07-247 SINGAPORE 730027	
ID Type / ID No.: NRIC NO / S7018854F		Contact No.: Home/Office: Mobile: 90033368	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 48	Date of Birth: 11/06/1970	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: DEFENCE EXECUTIVE OFFICER		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2019 08:40	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY ALONG SELETAR EXPRESSWAY AFTER EXIT OF WOODLANDS AVENUE 2			
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

SLC810X	Car				0
SMJ1762X	Car	HONDA	VEZEL 1.5X CVT	Black	Slightly Damaged

SMJ1762X	NTUC Income Insurance Co-Operative Limited	5107739761	25/02/2019	24/02/2020
----------	---	------------	------------	------------

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190426/2049

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

2 of 3

Report No. T/20190426/2049

CONTINUATION OF REPORT

Brief Details.

On 26/04/2019 at about 0841hrs, I was driving my vehicle bearing registration plate number SMJ1762X on the 1st lane of the 3 lane road of SLE after Woodlands Avenue 2 exit. My vehicle was stationary at the material time. Suddenly, I heard a loud thud to the rear of my vehicle and I was in shock. I then alighted from my vehicle and saw the Singapore car bearing registration plate number SLC810X behind was quite a distance away from my vehicle. I then saw another vehicle was behind the said vehicle and I thought that the collision is between both of their vehicles. I did not know that my vehicle was involved in the accident, I then got into my vehicle and left the scene. When I reach my workplace at Bukit Gombak, I felt something was amiss and I made a check on the rear of my vehicle and realized there is a dent on the right rear side of my vehicle. I then made a check for my in-car camera footage and realized that the Singapore vehicle bearing registration plate number SLC810X collided into my vehicle and the driver only alighted from his vehicle when I was about to leave. No government property damaged and nobody is injured. On 26/04/2019 at about 0940hrs, I then went back to the scene however the vehicles involved in the accident is no longer there. I am lodging this report also for my insurance purpose.

A handwritten signature in blue ink, appearing to be 'J. J.' or similar.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999



T/20190426/2049

3 of 3

Report No. T/20190426/2049

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.

SN 127	
Signature Of Officer Recording The Report: L/ Sgt 2 JOHNSON SONG ZHI HONG.	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 26/04/2019 13:59
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168