

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	02/05/2019 09:28
Date Of Accident	01/05/2019 06:20
Exact Location Of Accident	CTE TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD9725U
Insured/Policyholder	
Name Of Registered Owner	SUNIL GANESH KAMATH
NRIC No	S2720162H
Email Address	SUNILKAMATH.SIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91803114
Alternative Phone No	OTHERS-91803114

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
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	REPORTING ONLY
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	5084194799-02
Cover Note Number	

Driver

Name of Driver	SUNIL GANESH KAMATH
NRIC No	S2720162H
Date Of Birth	19/04/1965
Occupation	INDOOR
Date Of Driving Pass	26/10/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91803114
Fax Number	
Contact Number	OTHERS-91803114
Email Address	SUNILKAMATH.SIN@GMAIL.COM

Address	8 BUTTERWORTH LANE #03-12
Postcode	439423
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?	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	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190501/2059

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	UNKNOWN
Vehicle Make/Model/Colour	SLL3137 OR SLL3133 (VEH NO)
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)

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.

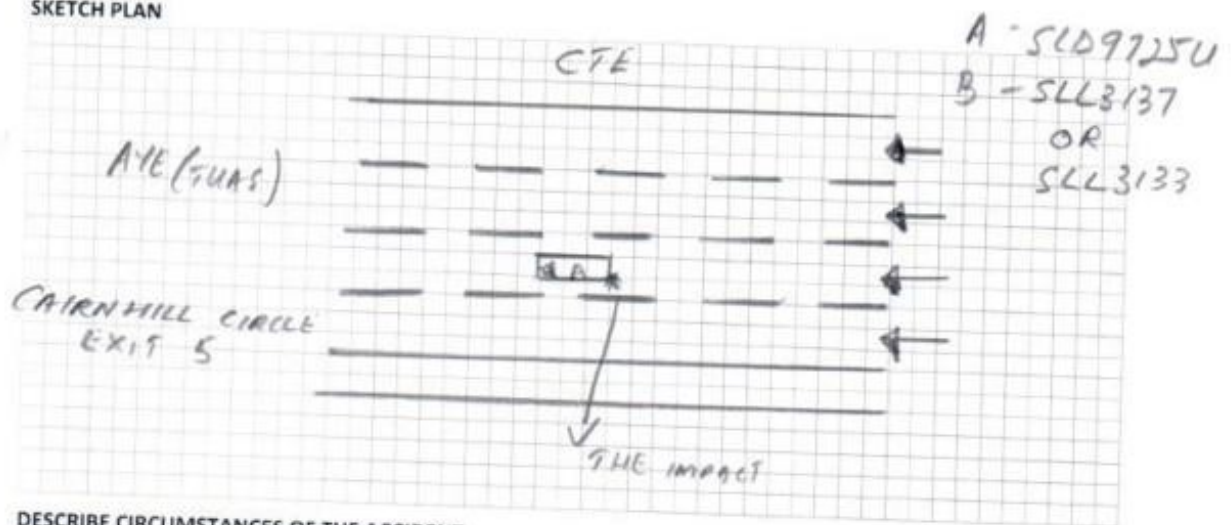
Policyholder's Signature
Date & Time:

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

Pls refer to the police report: 1/20190501/2059

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 02/05/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GRAND, NORTHERN, 1/19

Individual Statement



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999



T/20190501/2059

2 of 3

Report No. T/20190501/2059

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date place and time, I am travelling on the third lane of the said road,

Suddenly I felt an impact from the rear and I notice that the silver Mazda had bang on my vehicle rear, the said vehicle then drove off at a fast speed without stopping at the fourth lane and exit at exit number 5 .
The said vehicle plate number its either SLL3137 OR SLL3133.

Subsequently I called for police assistance, after the arrival of the Traffic Police, I told the officer what happen and was advise to lodge a police report.

I do not have any in-car camera in my vehicle,

The left rear left fender were damage.
Lodging for insurance purpose.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190501/0059

Police Station Of Origin:
Joo Glist NPP
267 Olan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3

Report No. T/20190501/0059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2019 15:28		Video Report No.: G/20190501/0085		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: SUNIL GANESH KAMATH			Address: 8 BUTTERWORTH LANE #03-12 SINGAPORE 439423		
ID Type / ID No.: NRIC NO / S2720182H			Contact No.: Home/Office: Mobile: 91803114		
Nationality: INDIAN			Email:		
Sex: Male	Age: 54	Date of Birth: 19/04/1965	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Chief operating officer/General Manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/05/2019 08:20	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY AYER RAJAH EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume: Light	
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
SLD9725U	Car	MERCEDES BENZ	B180	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD9725U	NTUC Income Insurance Co-Operative Limited	5084194789-02	20/09/2018	19/08/2019

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Joo Chiat NPP
267 Chan Road SINGAPORE 424773
Tel No: 1800-3459999



T/20190501/2059

2 of 3

Report No. T/20190501/2059

CONTINUATION OF REPORT

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Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Joo Chiat NPP
267 Ohan Road SINGAPORE 424773
Tel No: 1800-3450988



T/20190501/2059

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Report No: T/20190501/2059

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:
G /
Sgt 2 LIM XI HAO, NICHOLAS

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
01/05/2019 15:25

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No: 85475247
Authentication Stamp

Classification Of Case



SINGAPORE
POLICE FORCE

SIGNATURE