

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	21/05/2019 13:01
Date Of Accident	13/05/2019 18:15
Exact Location Of Accident	FARRER FLYOVER TWDS QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4026U
Insured/Policyholder	
Name Of Registered Owner	PUSPANATHAN S/O NANDAKUMAR
NRIC No	S8307810C
Email Address	RYAN@INTMET.COM
Mobile Phone No	(LOCAL) +65-90612772
Alternative Phone No	OTHERS-90612772

Vehicle Particulars

Manufacturer	BMW
Model	328I 2.0 AT D/AB 4DR ABS HID NAV
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?	YES
If No, Please state action to be taken	
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	5109165803
Cover Note Number	

Driver

Name of Driver	PUSPANATHAN S/O NANDAKUMAR
NRIC No	S8307810C
Date Of Birth	01/03/1983
Occupation	INDOOR
Date Of Driving Pass	26/06/2003
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90612772
Fax Number	
Contact Number	OTHERS-90612772
EEmail Address	RYAN@INTMET.COM

Address	29 TRANSIT ROAD #01-22
Postcode	778905
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	AFTER RAIN
Road Surface	WET

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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SLH5025L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUNG SWEE KIAT
NRIC/Passport Number	S1703570C
Contact Number	98302023
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

Sketch Plan

SKETCH PLAN

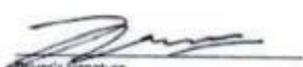
IMPORTANT NOTICE

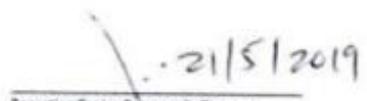
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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: 21 May 2019

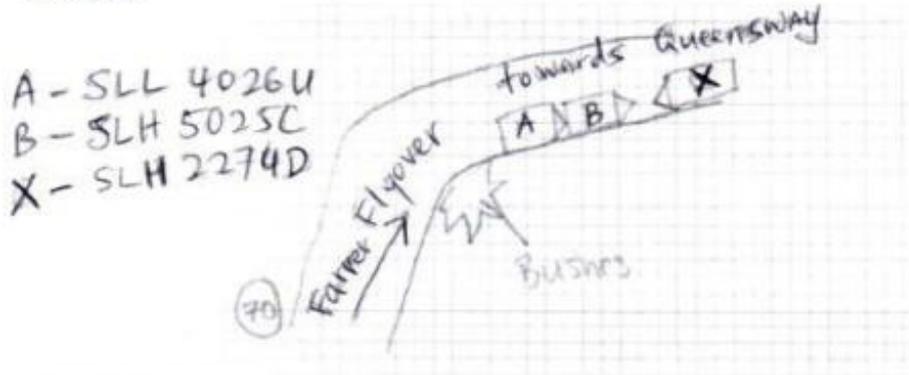

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 21 May 2019

 21/5/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan #2

Sketch Plan #2

SKETCH PLAN



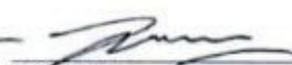
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

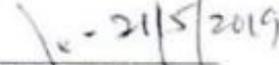
On the 13 May 2018 at approximately 18.15, I was driving along Farrer Flyover on the first lane.

As I approached the bend, I slowed ~~down~~ down however there was a car (B) stationary on the first lane and I didn't have enough braking distance hence my e-brake caused my car to skid along the first lane on the wet road and hit car (B) on the rear and both car skidded forward approximately 10-20 metres. I had no visibility of car A and car B before the bend. There ~~appear~~ appeared to be another car (X) that had skidded earlier and faced the opposite side of traffic. The owner of car (X) did not put any danger sign or re-direct traffic at the bend. The accident for car (X) also ~~seem~~ seemed to happen much earlier because the ambulance and traffic police appeared within 1-2 min after the collision between car A and B. The damage on my car is severe on front and rear.

DECLARATION The rear damage was due to the impact against the diving wall.
 I/We declare the foregoing particulars are true in every respect.

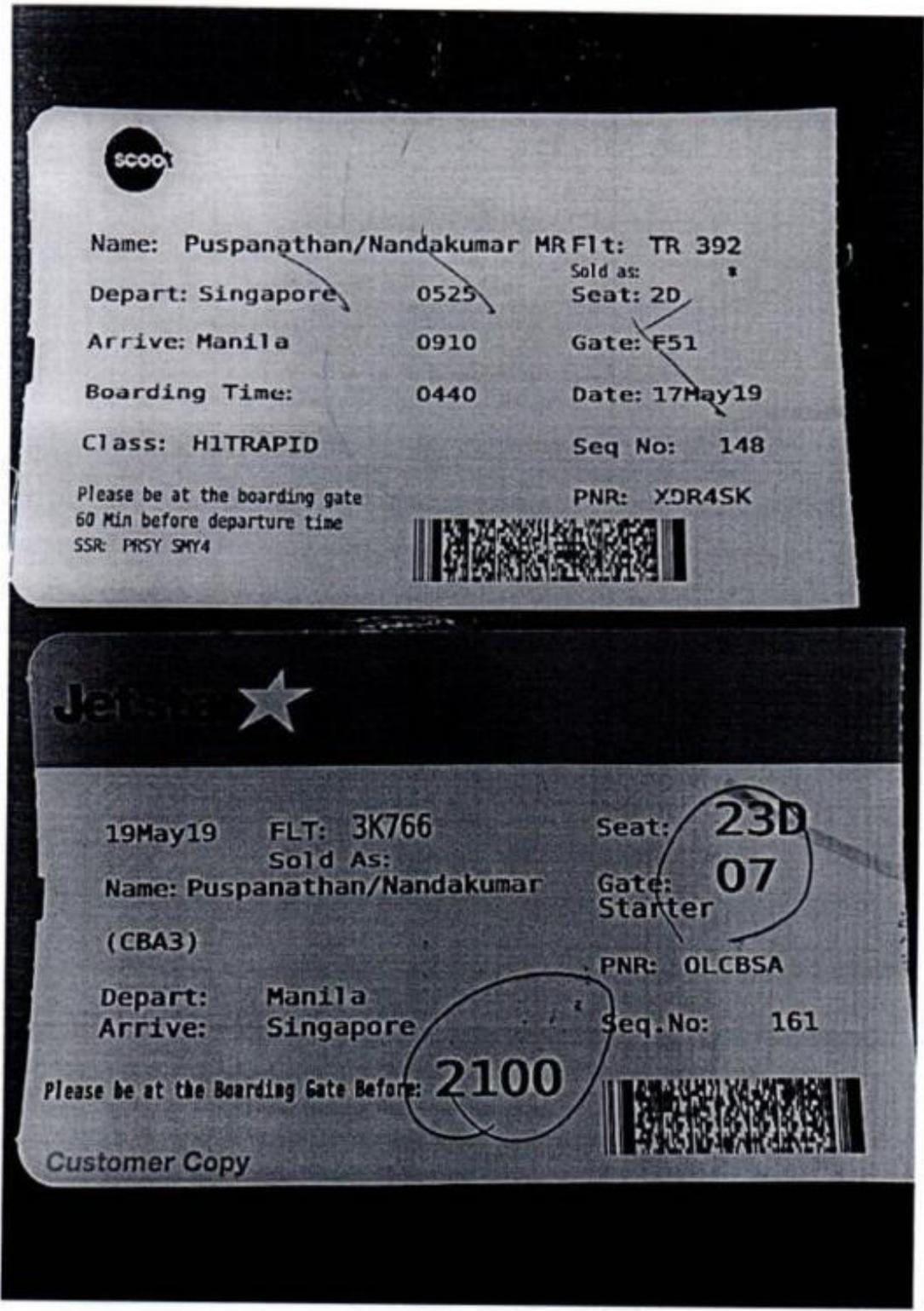

 Policyholder's Signature
 Date & Time: 21 May 2019


 Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 21 May 2019

 - 21/5/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan #3

Accident Sketch Plan



Name: Puspanathan/Nandakumar MR Flt: TR 392
Depart: Singapore 0525 Sold as: *
Arrive: Manila 0910 Gate: F51
Boarding Time: 0440 Date: 17May19
Class: H1TRAPID Seq No: 148
Please be at the boarding gate 60 Min before departure time
SSR: PRSY SMY4 PNR: YDR4SK



19May19 FLT: 3K766 Seat: 23D
Sold As: Gate: 07
Name: Puspanathan/Nandakumar Starter
(CBA3) PNR: OLCBSA
Depart: Manila Seq.No: 161
Arrive: Singapore
Please be at the Boarding Gate Before: 2100



Customer Copy

Sketch Plan #4

Accident Sketch Plan



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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119065219 Vehicle Registration No: SLL40264
Name(as shown in NRIC) : PUSPANATHAN S/O NANDAKUMAR NRIC/FIN/Passport No : S8307810C
(*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate
Address : 29 TRANSIT ROAD, #01-22 Singapore 778905
Contact (Tel) : - Mobile No. : 90612772
Email Address : RYAN@INTMET.COM
Date of Accident : 13/05/2019 Time of Accident : 18:15
Place of Accident : FARRER FLYOVER TWDS QUEENSWAY
Insurance Company: NTUC Income Insurance Co-operative Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend the report to include Sketch Plan.
only 2 vehicle involved.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 23/5/2019