

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	30/05/2019 16:33
Date Of Accident	29/05/2019 21:20
Exact Location Of Accident	ALONG ROAD 1 PAN ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8139A
Insured/Policyholder	
Name Of Registered Owner	THANGASWAMY SOLOMON
NRIC No	S7661544F
Email Address	SOLZ1801@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85692569
Alternative Phone No	OFFICE-85692569

Vehicle Particulars

Manufacturer	CHEVROLET
Model	SONIC-1.4 HB 2WD (A)

Exact Purpose for which vehicle was being used at time of accident

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
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Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3018601900
Cover Note Number	

Driver

Name of Driver	THANGASWAMY SOLOMON
NRIC No	S7661544F
Date Of Birth	18/01/1976
Occupation	INDOOR
Date Of Driving Pass	12/12/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85692569
Fax Number	
Contact Number	OFFICE-85692569
EMail Address	SOLZ1801@GMAIL.COM

Address	BLK 687D CHOA CHU KANG DRIVE #14-372
Postcode	684687
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	COLLIDED INTO PROPERTY
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	1
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)	2
Passenger 1	NAME: : NATHANIEL
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

STATEMENT, PLEASE REFER TO POLICE REPORT NO: T/20190529/2198.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MEMORY CARD TAKEN BY TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF INJURED PERSON 1

Name	THANGASWAMY SOLOMON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKX8139A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address
Postcode

Accident Sketch Plan Pg. 1

SKETCH PLAN


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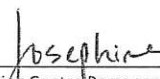
8. Consent under the Personal Data Protection Act (PDPA)

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: 30/5/19 + 1410hrs


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/5/19 + 1410hrs


Reporting Centre Personnel's Signature
Name: Teo Hong Eng
NRIC/FIN No.: S110007212

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190529/2198

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190529/2198

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2019 23:33		Vide Report No.:		Station Diary No.: 207	
Informant's Particulars					
Name of Informant: THANGASWAMY SOLOMON			Address: APT BLK 687D CHOA CHU KANG DRIVE #14-372 SINGAPORE 684687		
ID Type / ID No.: NRIC NO / S7661544F			Contact No.: Home/Office: Mobile: 85692569		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 18/01/1976	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: MANAGER			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: 29/05/2019 21:20	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Lamp Post			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX8139A	Car	CHEVROLET	SONIC NB 1.4 A/T 2WD	Red	Seriously Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKX8139A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30186019 00	12/03/2019	11/03/2020	

Accident Sketch Plan Pg. 1



**SINGAPORE
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T/20190529/2198

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190529/2198

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THANGASWAMY SOLOMON	ID No.	S7661544F
Related Vehicle	SKX8139A (Car)	Contact No.	85692569
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	Serious

Brief Details.

On 29/05/2019 at 2120hrs, I was travelling on the right most lane of Bukit Panjang Entrance into PIE. As I was travelling along the bend, my car started to skid and the right side of my vehicle collided onto the right barrier of the road. The road was wet and it was drizzling. Traffic Police and Ambulance was at scene. Traffic police informed that my vehicle collided onto 8 barrier post.



**SINGAPORE
POLICE FORCE**



T/20190529/2198

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190529/2198

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 / Sgt 3 NUR RAQIB BIN RASMAN
Signature Of Interpreter Not applicable 20 CHOA CHU KANG ST 52 #01 SINGAPORE 689286 TEL : 1800-7659999 FAX : 67673651
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN Contact No.: 65476206

Signature Of Informant:
Date/Time: 29/05/2019 23:33
Classification Of Case:

Authentication Stamp
NP168