

## 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             | 24/06/2019 16:32                      |
| Date Of Accident           | 21/06/2019 14:05                      |
| Exact Location Of Accident | ECP TWDS ROCHOR RD BEFORE ROCHOR EXIT |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJQ9218Y             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LCDW KEI SCANTEK     |
| Co Reg No                   | 53257074W            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-84031349 |
| Alternative Phone No        | OFFICE-84031349      |

### Vehicle Particulars

|  |   |
|--|---|
| Manufacturer   | KIA                                     |
| Model  | CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR |
| 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                                       | THIRD PARTY                             |
| Vehicle Category   | COMMERCIAL VEHICLE                      |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5108670887                             |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | THAYALAN SARAVANAKUMAR |
| NRIC No              | S8167067F              |
| Date Of Birth        | 03/08/1981             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 10/07/2014             |
| Driving Experience   | 4 YEARS AND 11 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-84031349   |
| Fax Number           |                        |
| Contact Number       | OFFICE-84031349        |
| Email Address        | NOEMAIL                |

|   |   |
|---|---|
| Address   | BLK 640 JURONG WEST STREET 61<br>#02-12 |
| Postcode  | 640640                                  |
| 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 | -<br>-<br>-                             |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                             |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| 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                         | 4                           |
| 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)   | 2                           |
| Passenger 1   | NAME: : -<br>GENDER: : MALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | ROCHOR NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b> 63918583                                    |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190621/2106.

#### Attachment(s)

|   |                           |
|---|---------------------------|
| Are accident photos available for attachment? | YES                       |
| Was there any video captured by Car Camera?   | YES                       |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded?                 | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | PA7277C |
| Vehicle Make/Model/Colour   |         |
| Details Of Properties       |         |
| Vehicle Category            | BUS     |
| 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 SHF759T  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
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 3

Vehicle Registration Number SJX884X  
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)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:



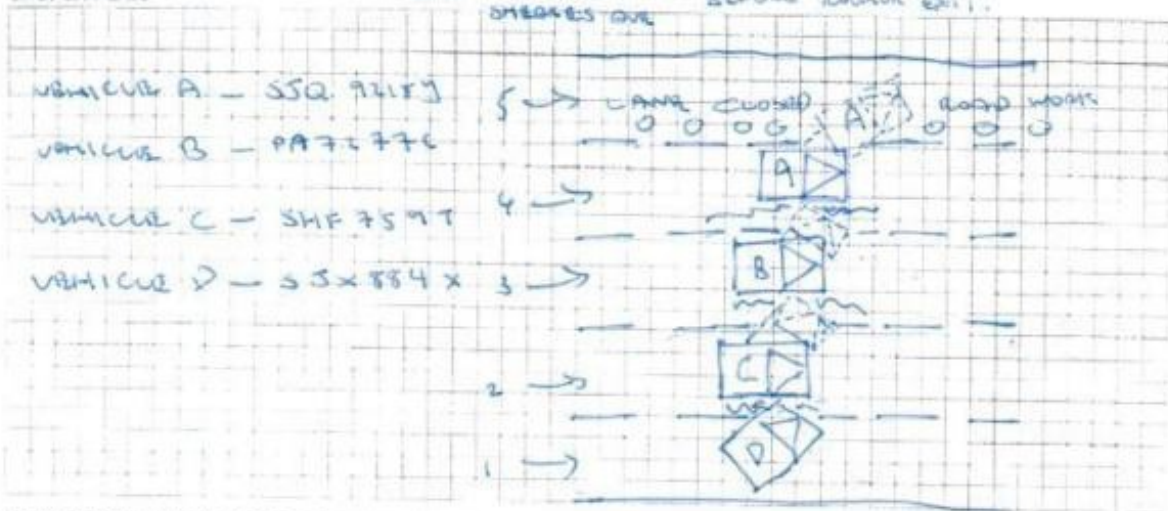
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN

ECP DIBED BEFORE ROUNDER EXP.



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

AS per police report.


report number  
T/20190621/2106

VEHICLE A - SJQ 9218Y

VEHICLE B - PA 7277C

VEHICLE C - SHF 759T

VEHICLE D - SJX 884X



## DECLARATION

We declare the foregoing particulars are true in every respect.



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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190621/2106

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 4

Report No. T/20190621/2106

## REPORT OF A TRAFFIC ACCIDENT

|  |                                     |                           |
|--|-------------------------------------|---------------------------|
| Date/Time Report Made:<br>21/06/2019 16:53 | Vide Report No.:<br>G/20190621/0095 | Station Diary No.:<br>113 |
|--|-------------------------------------|---------------------------|

| Informant's Particulars                      |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>THAYALAN SARAVANAKUMAR |            | Address:<br>APT BLK 640 JURONG WEST STREET 61 #02-12<br>SINGAPORE 640640 |                              |
| ID Type / ID No.:<br>NRIC NO / S8167067F     |            | Contact No.:<br>Home/Office: Mobile: 84031349                            |                              |
| Nationality:<br>INDIAN                       |            | Email:   |                              |
| Sex:<br>Male                                 | Age:<br>37 | Date of Birth:<br>03/08/1981   | Type of Informant:<br>Driver |
| Race:<br>Indian                              |            | Language:  | Institution / School Name:   |
| Occupation:<br>EMPLOYER                      |            | Driving Licence Information:<br>Class: 2B,3 Date of Expiry:              |                              |

| General Information of the Accident   |                                     |                                    |  |                                    |
|---|-------------------------------------|------------------------------------|--|------------------------------------|
| Type of Accident:   | Non-Injury<br>Conveyed By Ambulance | Drink Drive:<br>No                 | Date/Time of Accident:<br>21/06/2019 14:05 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1 Traveling Toward Road 2<br>EAST COAST EXPRESSWAY<br>ROCHOR ROAD<br>ALONG THE EXPRESSWAY TOWARDS ROCHOR ROAD |                                     |                                    |  |                                    |
| Weather:<br>Clear   |                                     | Road Surface:<br>Dry               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way  |                                     | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                |                                    |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction   |                                     |                                    | Anyone conveyed by ambulance:<br>Yes       |                                    |

| Details of Vehicle Involved |      |      |       |       |                   |                 |
|-----------------------------|------|------|-------|-------|-------------------|-----------------|
| Vehicle No.                 | Type | Make | Model | Color | Condition         | No of Passenger |
| PA7277C                     | Van  |      |       |       | Slightly Damaged  | 0               |
| SHF759T                     | Car  |      |       |       | Seriously Damaged | 2               |
| SJQ9218Y                    | Car  |      |       |       | Slightly Damaged  | 1               |
| SJX884X                     | Car  |      |       |       | Slightly Damaged  | 0               |

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190621/2106

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No: T/20190621/2106

## CONTINUATION OF REPORT

| Details of Person Involved        |                        |  |                                    |
|-----------------------------------|------------------------|--|------------------------------------|
| Any Pedestrian Involved: No       |                        |  |                                    |
| No. of Pedestrians Injured: NIL   |                        | Use of Pedestrian Crossing: NA         |                                    |
| <b>Driver</b>                     |                        |  |                                    |
| Name                              | MANOGARAN              | ID No.                                 | S1176885G                          |
| Related Vehicle                   | PA7277C (Van)          | Contact No.                            | 81697277                           |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: 3,4<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                                |
| <b>Driver</b>                     |                        |  |                                    |
| Name                              | LYE POH WAH            | ID No.                                 | S1200743D                          |
| Related Vehicle                   | SHF759T (Car)          | Contact No.                            | 98592433                           |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL    |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                                |
| <b>Driver</b>                     |                        |  |                                    |
| Name                              | THAYALAN SARAVANAKUMAR | ID No.                                 | S8167067F                          |
| Related Vehicle                   | SJQ9218Y (Car)         | Contact No.                            | 84031349                           |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                                |

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190621/2106

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Report No. T/20190621/2106

### CONTINUATION OF REPORT

| Driver                            |               |  |                                    |
|-----------------------------------|---------------|--|------------------------------------|
| Name                              | TEOW HUEY YEN | ID No.                                 | S7872083B                          |
| Related Vehicle                   | SJX884X (Car) | Contact No.                            | 96878488                           |
| Hospital/Clinic                   | NIL           | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL           | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL           | Degree of Injury                       | NIL                                |

#### **Brief Details.**

On 21/06/2019, at about 1400hrs, I was driving my vehicle (SJQ9218Y) along East Coast Expressway towards Rochor Road. I was driving slowly at lane 4 of the expressway and suddenly I saw the vehicle (PA7277C) driving on Lane 3 was coming in towards my lane. The vehicle (PA7277C) then hit my vehicle and I applied brake. After applying the brake, my vehicle then skidded towards the middle lane. My friend and I then come down from the car and make a check. The vehicle (SJX884X) on Lane 1 then claimed that vehicle on Lane 2 (SHF759T) hit her car.

However, vehicle on Lane 2 claims that vehicle on Lane 1 hit his car and thus his car had a domino effect and hit the car on Lane 3 and 4 subsequently.

No one was injured, however there was one person that felt giddy and conveyed by the ambulance. The damages on my vehicle (SJQ9218Y) had scratches on the front right bumper and also dislodge on the bonnet.

I am lodging this report for insurance claims. I do not know how much are the repair cost.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190621/2106

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11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20190621/2106

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:

A /

Sgt 2 TAN HUI LIN, MELISSA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR HIDAYU BINTE ABDUL  
SAMAD

Contact No.: 65476423

Signature Of Informant:

Date/Time:

21/06/2019 16:53

Classification Of Case:



Authentication Stamp  
SINGAPORE  
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo

