

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 ability.
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 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	01/07/2016 14:49
Date Of Accident	15/06/2016 21:05
Exact Location Of Accident	NEWTON CIRCLE ROUNDABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC635M
Insured/Policyholder	
Name Of Registered Owner	TG TOURS PTE LTD
Co Reg No	NA
Email Address	TRANSPORT@TGTOURS.COM
Mobile Phone No	(LOCAL) +65-81686048
Alternative Phone No	Office-81686048

Vehicle Particulars

Manufacturer	KING LONG
Model	XMQ6900K
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?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	CN719612
Cover Note Number	

Driver

Name of Driver	ROBERT SILAKANNU
NRIC No	S0194141J
Date Of Birth	02/12/1954
Occupation	Outdoor
Date Of Driving Pass	28/06/1983
Driving Experience	32 Years And 11 Months
Gender	Male
Mobile Number	(Local) +65-83735962
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company Yes
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Unknown - REFER TO ATTACHMENT
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 20

Details of Police Action

Was the accident reported to the police? Yes
 If Yes, Please state which Police Station
 Police Station Name Ang Mo Kio South Neighbourhood Police Centre
 Police Station Address **ROAD:** 81 Ang Mo Kio Ave 3 , **POSTCODE:** 569929 , **COUNTRY:** Singapore
 Police Station Contact **TEL NO:** 1800-4519999 - **FAX NO:** 65535679
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT. STATEMENT RECORDED BY JON (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5761)
 Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD4537B
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan

SKETCH PLAN

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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.
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.



X
Date

[Signature]



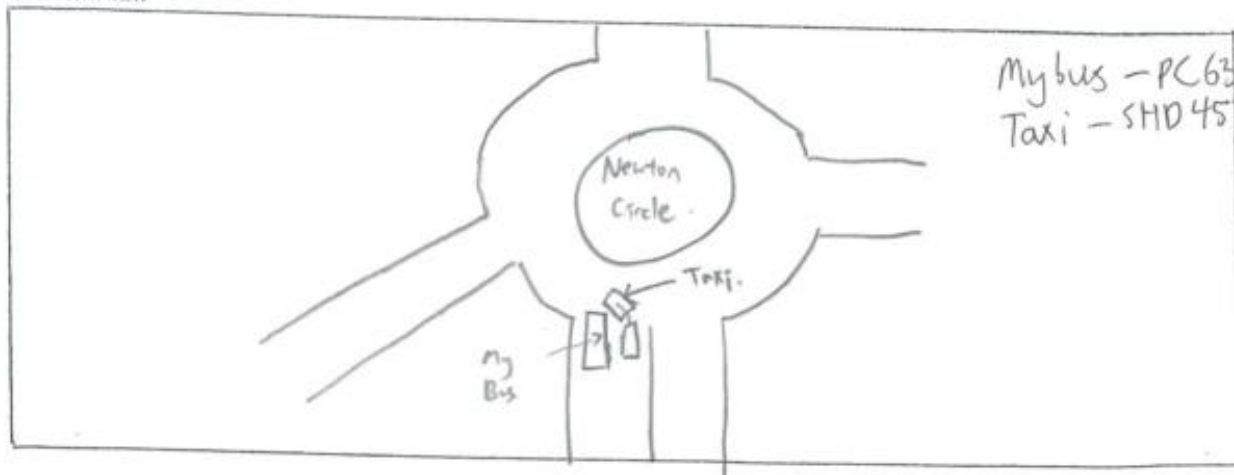
[Signature]

Policyholder's Signature / Date & Time
18/6/2016

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

On 15th June night at about 9-03 pm, while I was approaching the round-about of Newton Circle, a taxi (SHD 4537B) cut into my lane as I was trying to move forward. My bus's front right hand side and the taxi's left side on the rear door collided. Kindly refer to attached videos and photos as evidences for the accident.

() Claim OD/TP at Ah Lim Motor () Claim OD/TP at other workshop
() Reporting Only


Remarks : Please forward a copy of my efile accident report to :
My workshop :
email address :
& myself :
email address :


Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 18/6/2016


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


Witnessed by Reporting Centre
Personnel

company e-mail : transport@tgytours.com

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

[1] Date of accident 15/6/16		[2] Exact location of accident Newton Circle roundabout		To be signed by BOTH drivers	
[4] Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		[3] Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
[5] Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)				Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) **PC635M**

[6] Insured / policyholder (see insurance cert.)
Name **JG TOURS PTE LTD**
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) **8166 6046**
HP _____

[7] Vehicle
Make, type _____

[8] Insurance company **AXA** ☐ C ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No. **CN719612**

[9] Driver ☐ Same as Owner
Name **ROBERT SILAKANNI**
(capital letters)
NRIC / Passport no. **5019414J**
Class of licence **4**
HP **8313 5962**
Gender Male ☒ Female ☐

[12] CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	1	parked / stopped (at the roadside)
<input type="checkbox"/>	2	leaving a parking space / opening the door (at the roadside)
<input type="checkbox"/>	3	entering a parking space (at the roadside)
<input type="checkbox"/>	4	emerging from a car park, from private grounds, from a minor road
<input type="checkbox"/>	5	entering a car park, private grounds, a minor road
<input type="checkbox"/>	6	entering a roundabout or similar traffic system
<input type="checkbox"/>	7	circulating in a roundabout or similar traffic system
<input type="checkbox"/>	8	striking the rear of the other vehicle while going in the same direction and in the same lane
<input type="checkbox"/>	9	going in the same direction but different lane
<input type="checkbox"/>	10	changing lanes
<input type="checkbox"/>	11	overtaking
<input type="checkbox"/>	12	turning to the right, making a U-turn (official U-turn)
<input type="checkbox"/>	13	turning to the left
<input type="checkbox"/>	14	reversing
<input type="checkbox"/>	15	encroaching in the opposite traffic lane
<input type="checkbox"/>	16	coming from the right (at road junctions)
<input type="checkbox"/>	17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) **SHD 4537B**

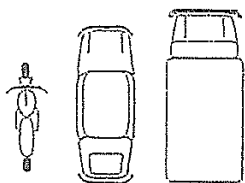
[6] Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

[7] Vehicle
Make, type _____

[8] Insurance company ☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

[9] Driver (See driving licence) (if different from insured B above)
Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male ☐ Female ☐

[10] Indicate the point of initial impact with an arrow (→)



[11] Visible damage to vehicle A

[14] My remarks

[13] Sketch of accident when impact occurred [13]
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 1.

[15] Signatures of drivers

(Signature of Driver A)

[14] My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing
Subsequently, each driver should take one copy.


For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1 Occupation (if more than one, state all)		Email:												
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with Owner <u>employee</u> state the vehicle number and name of insurer of driver's own vehicle (where applicable)														
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify														
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.														
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass												
	2/12/54	Indoor	Outdoor												
	28/6/83		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
	Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?												
8 Give details of any pre-existing impairment of sight or hearing and of any other disability															
9 Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Ang Mo Kio South MPC</u>														
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?														
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>												
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>												
	16 Speed of vehicles	A <input type="checkbox"/> km/hr	B <input type="checkbox"/> km/hr												
	17 What warnings were given by driver or other party?														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)?														
	20 If your vehicle is commercial, state weight of load carried at time of accident														
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)														
22 State number of Passengers (including Driver) <u>20</u>															
Declaration	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature <u>Kay The</u>	Date <u>30.06.2016</u>	Driver's signature (if driver is not the policyholder)												

REPUBLIC OF SINGAPORE
ENTITY CARD NO. S0194141J



Name
ROBERT SILAKANNU

Race
INDIAN

Date of birth
02-12-1954

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0194141J**

Name
ROBERT SILAKANNU

Birth Date: **02 Dec 1954**

Issue Date: **05 Jul 2003**

Land Transport Authority


VOCATIONAL LICENCE

Licence No: **S0194141J**

Name: **ROBERT SILAKANNU**

Issue Date: **9/6/2012**

Please visit www.lta.gov.sg to check the status of this vocational licence





NRIC No: **S0194141J**

Date of issue
16-12-2003

Address
**APT BLK 641 ANG MO KIO AVENUE 4 #08-822
SINGAPORE 660641**

NRIC No: **S0194141J** Date: **06/07/2010** No: **6540073**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	18 Aug 1982
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Aug 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	28 Jun 1983
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	08 Sep 1983


Licence No: **S0194141J**

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	15/06/1990



POLICE REPORT

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Robert Silakannu, NRIC/FIN S0194141, has reported to the Police a non-injury traffic accident which occurred at Roundabout at Newton Circus on 15/06/2016 at 2105 pm involving the following vehicles: 1) PC635M 2) SHD4537B.

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: T120027 Roger Yeo

Date: 15/06/2016

Time: 2241hrs.

S/D Ref: 144

Police Post/Unit: Ang Mo Kio South NPC

Ang Mo Kio South NPC
81 Ang Mo Kio Ave 3
S'pore 569924
Tel: 6451 9999

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

Accident Photo



Accident Photo



Accident Photo





Accident Photo

