

## 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	10/06/2019 10:04
Date Of Accident	06/06/2019 08:55
Exact Location Of Accident	YISHUN AVENUE 2 TOWARDS YISHUN AVENUE 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA4387M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BT & TAN TRANSPORT PTE. LTD.
Co Reg No	200205272G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93229966
Alternative Phone No	OFFICE-90299388

### Vehicle Particulars

Manufacturer	NISSAN
Model	JP252PSNRA-6.9 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5079622731-03
Cover Note Number	

### Driver

Name of Driver	SUNDARAMOORTHY S/O R CHELLAIAH
NRIC No	S1594495A
Date Of Birth	04/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1997
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93229966
Fax Number	
Contact Number	OTHERS-90299388
EEmail Address	NOEMAIL

Address	BLK 512 HOUGANG AVENUE 10 #01-59
Postcode	530512
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	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)	11

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	SKH284A
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)	

# 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.



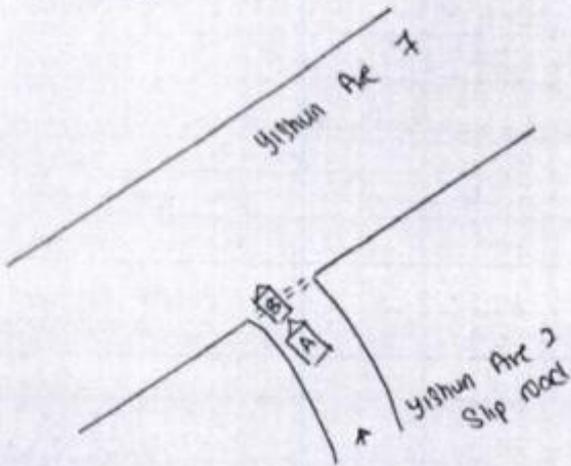
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



A=PA4387M  
B=SKH284A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/06/2019 @ 08:55hrs, I was waiting behind a vehicle SKH284A in front of me @ Yishun Ave 2 slip road waiting to turn out to Yishun Ave 7. As I check my right side for oncoming vehicles from Yishun Ave 7 & there is no oncoming vehicles & I presume the veh in front of me has moved off & I started to move off & hit onto the vehicle as the veh never turn out.

DECLARATION

I/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:

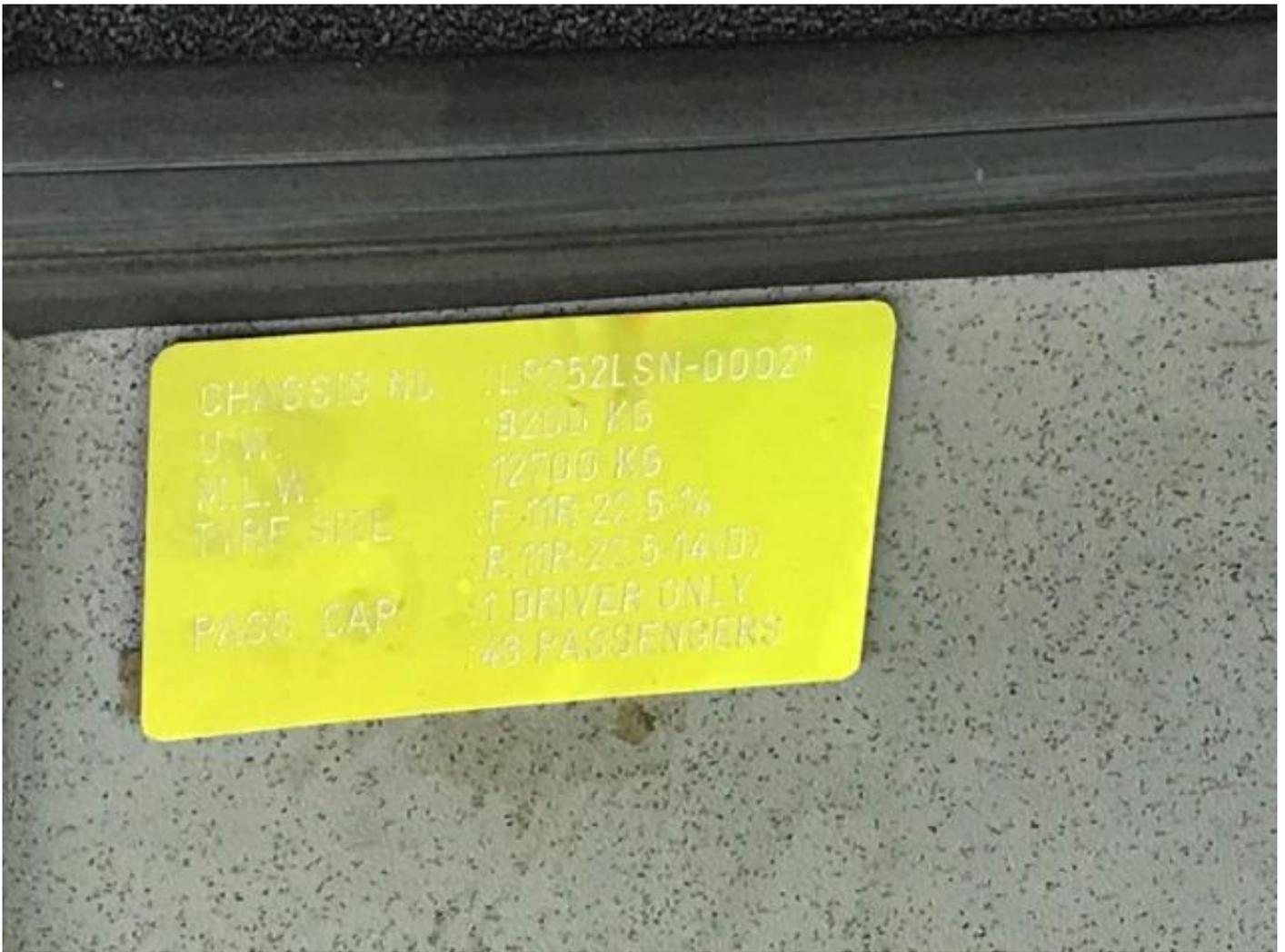
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

10/06/2019  
Reck Gooxiong

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

IDENTITY CARD NO. S1594495A



Name  
**SUNDARAMOORTHY S/O R  
CHELLAIAH**

Race  
**INDIAN**

Date of birth  
**04-01-1963**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE

S1594495A



**SUNDARAMOORTHY S/O R  
CHELLAIAH**

Issue Date: 04 Jan 1963

Valid Until: 11 Jun 2018



002812079A

Land Transport Authority



**VOCATIONAL LICENCE**

Licence No : S1594495A

Name : SUNDARAMOORTHY S/O R  
CHELLAIAH

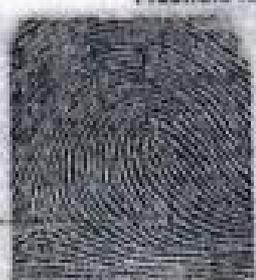
Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence

H/P : 90299388

Driving License



NRIC No. S1594495A



Date of Issue  
10-05-2016

APT BLK 512 HOUGANG AVENUE 10 #01-58  
SINGAPORE 630512

NRIC No. S1594495A Date: 22/06/2016

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	15 Dec 1994
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	12 Feb 1997

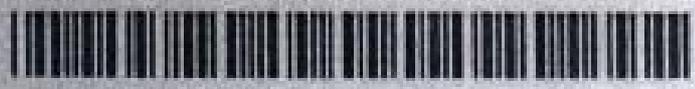


Licence No: S1594495A

NP 428A

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

Type	Description	Issue Date
03	BUS VL	12/03/1997
04	BUS ATTENDANT	12/03/1997



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: S665500200 / 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 : MNH419074938 Vehicle Registration No: PA4387M  
Name (as shown in NRIC) : BT & TAN TranspoA Pte Ltd NRIC/FIN/Passport No : -  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : - Singapore ( )  
Contact (Tel) : - Mobile No. : 9322 9966  
Email Address : -  
Date of Accident : 06/06/2019 Time of Accident : 08:55hrs.  
Place of Accident : Yishun Ave 2 into Yishun Ave 7.  
Insurance Company : NTUC Ins.

(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:

- to amend from "China Taiping Ins" to "NTUC Income Ins"  
for owner insurance.

  
x [Signature]  
Policyholder / Driver's Signature  
Date: 30/07/19.

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