

## 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	26/08/2019 17:59
Date Of Accident	23/08/2019 17:10
Exact Location Of Accident	ALONG DORSET ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX9657L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASHTA NEWS PAPER SUPPLIERS & AGENCY
Co Reg No	51438400W
Email Address	THANGAMURU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97746935
Alternative Phone No	OFFICE-97746935

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK RETURNING HOME
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MS009319
Cover Note Number	

### Driver

Name of Driver	THANGARASU MURUGANANTHAM
NRIC No	S7165313G
Date Of Birth	18/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2004
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97746935
Fax Number	
Contact Number	OTHERS-97746935
Email Address	THANGAMURU@GMAIL.COM

Address	BLK 36 TANGLIN HALT ROAD #02-81
Postcode	141036
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	SIDE SWIPE
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?	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: : ROSHINI MURUGANANTHAM GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALEXANDRA NPP
Police Station Address	<b>ROAD:</b> BLK 46 TANGLIN HAIT RD #01-328 , <b>POSTCODE:</b> 140462 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190824/2086

#### 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	SJB5889R
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ENG KOK BENG
NRIC/Passport Number	S6908843J
Contact Number	97370864

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name THANGARASU MURUGANANTHAM  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? GX9657L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name ROSHINI MURUGANANTHAM  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? GX9657L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## 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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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.

ASHTA NEWS PAPER SUPPLIER & AGENCY

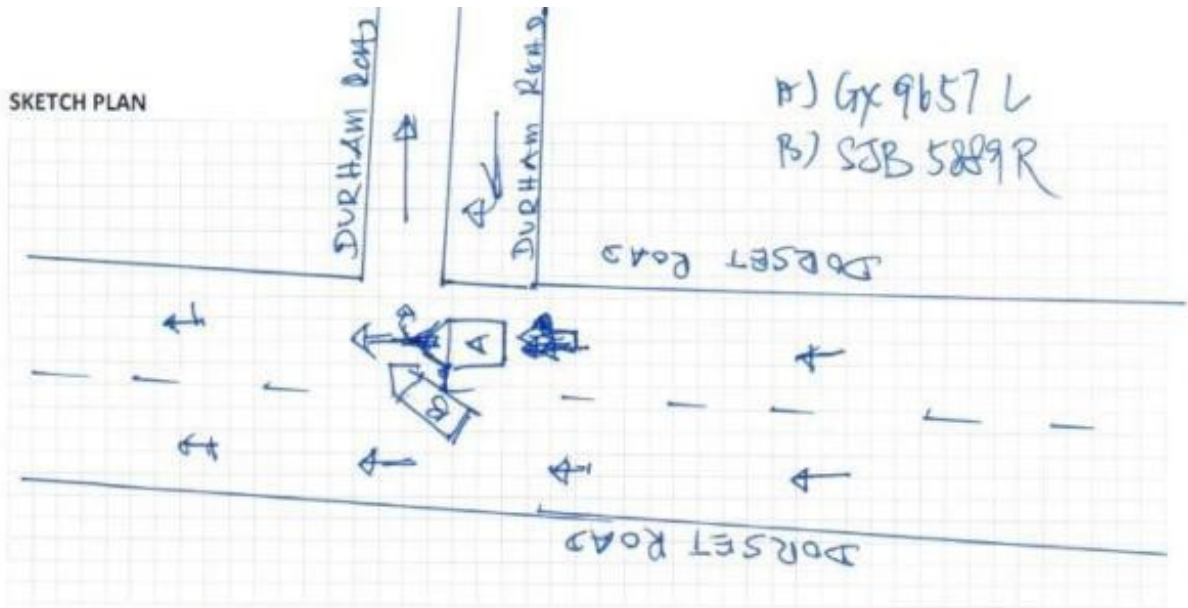
Policyholder's Signature  
Date & Time:

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20170824/2086

## DECLARATION

We declare the foregoing particulars are true in every respect.  
ASHTA NEWS PAPER SUPPLIER & AGENCY

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/20190824/2086

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

1 of 4

Report No. T/20190824/2086

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2019 14:07	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars			
Name of Informant: THANGARASU MURUGANANTHAM		Address: APT BLK 36 TANGLIN HALT ROAD #02-81 SINGAPORE 141036	
ID Type / ID No.: NRIC NO / S7165313G		Contact No.: Home/Office: Mobile: 97746935	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 18/06/1971	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2019 17:10	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 DORSET ROAD DURHAM ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX9657L	Van	TOYOTA		Silver	Slightly Damaged	1
SJB5889R	Car	TOYOTA		Grey	Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190824/2086

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

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Report No. T/20190824/2086

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Roshini Muruganatham	ID No.	T0671461C
Related Vehicle	GX9657L (Van)	Contact No.	97746935
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/08/2019	Date Discharge	24/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	THANGARASU MURUGANANTHAM	ID No.	S7165313G
Related Vehicle	GX9657L (Van)	Contact No.	97746935
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	24/08/2019	Date Discharge	24/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	Eng Kok Beng	ID No.	S6908843J
Related Vehicle	SJB5889R (Car)	Contact No.	97370864
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	NIL

### Brief Details.

On the abovementioned date, time and location, I was driving along Dorset Rd, heading towards KKH. I was driving on the right most lane of the 2 lane road, and as I was approaching junction of Durham Road, a car, SJB5889R, which was travelling on my left, made a sudden right turn into Durham Road. It's right side then hit my on the front left bumper area. The front left headlights of my van were broken and there were scratches and dents on the bumpers. There were several damages on the right side of the other car.

I was with my daughter at that time, and has pain on her knee, neck and head, believed to have been caused by sudden impact onto the car dashboard and handle area. I had pains on my neck area and right side of my arm/body. We went to Shalom Clinic & Surgery and were both given 5 days of medical leave each. There were no in car camera in my vehicle.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190824/2086

3 of 4

Police Station Of Origin:

Alexandra NPP

46 Tanglin Halt Road #01-328 SINGAPORE

140462

Tel No: 1800-4739999

Report No. T/20190824/2086

CONTINUATION OF REPORT



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190824/2086

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

4 of 4

Report No. T/20190824/2086

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:

D /

Sr Staff Sgt HAZALI BIN SANUSI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

24/08/2019 14:07

Classification Of Case:

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所**Shalom Clinic + Surgery**

**Shalom Clinic + Surgery** Alexandra Village  
Bk 123 Bukit Merah Lane 1  
#01-104 Singapore 150123  
Tel: 6278 0270 Fax: 6278 4215

Alexandra Village  
Bk 123, #01-104  
Bukit Merah Lane 1  
Singapore 150123  
Tel: 6278 0270  
Fax: 6278 4215

**MEDICAL CERTIFICATE**

Number: 0000073516

Date: 24-Aug-2019

This is to certify that the following patient:

Name: ROSHINI MURUGANANTHAM NRIC: T9671461C

is UNFIT FOR DUTY for 5 days  
from 24/08/2019 to 28/08/2019 inclusive.

DR. TONG JUN HO  
MD (S) (Gen) (4)  
MCK: 013351

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所**Shalom Clinic + Surgery**

**Shalom Clinic + Surgery** Alexandra Village  
Bk 123 Bukit Merah Lane 1  
#01-104 Singapore 150123  
Tel: 6278 0270 Fax: 6278 4215

Rec. No. 291165 Date: 24 Aug 2019

For medical services rendered to  
**ROSHINI MURUGANANTHAM**  
Total amount \$ 50.00  
( Dollars Fifty Only )

Alexandra Village  
Bk 123, #01-104  
Bukit Merah Lane 1  
Singapore 150123  
Tel: 6278 0270  
Fax: 6278 4215

Contusion (R-Th)  
(Knee)

利民診所

**Shalom Clinic + Surgery**

Alexandra Village  
Blk 123, #01-104  
Bukit Merah Lane 1  
Singapore 150123  
Tel: 6278 0270  
Fax: 6278 4215

利民診所

**Shalom Clinic + Surgery**

Alexandra Village  
Blk 123 Bukit Merah Lane 1  
#01-104 Singapore 150123  
Tel: 6278 0270 Fax: 6278 4215

**MEDICAL CERTIFICATE**

Number: 0000073515

Date: 24-Aug-2019

This is to certify that the following patient:

Name: THANGARASU MURUGANANTHAM NRIC: S7165313G

is UNFIT FOR DUTY for 5 days

from 24/08/2019 to 28/08/2019 inclusive.



DR. YONG JIAH HUI  
RCGP (UK) (M) (F)  
MCI: 64334

利民診所

**Shalom Clinic + Surgery**

Alexandra Village  
Blk 123, #01-104  
Bukit Merah Lane 1  
Singapore 150123  
Tel: 6278 0270  
Fax: 6278 4215

利民診所

**Shalom Clinic + Surgery**

Alexandra Village  
Blk 123 Bukit Merah Lane 1  
#01-104 Singapore 150123  
Tel: 6278 0270 Fax: 6278 4215

Rec. No. 291157

Date: 24 Aug 2019

For medical services rendered to

THANGARASU MURUGANANTHAM

Total amount \$ 50.00

( Dollars Fifty Only )

Cmyalgia (RTA)



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

