**Your NCD will be affected due to late reporting**
**Actual e-Filling Submission Date & Time: 03/09/2019 16:10**

# 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 witholding 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 | 03/09/2019 15:38 |
| Date Of Accident | 26/05/2019 08:00 |
| Exact Location Of Accident | 391 ORCHARD ROAD NGEE ANN CITY DRIVEWAY |
| Country/State of Loss | SINGAPORE |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | GX1722J |

### Insured/Policyholder

| | |
|---|---|
| Name Of Registered Owner | MAX DISTRIBUTERS |
| Co Reg No | 53196781J |
| Email Address | MTHIRUK36@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-83227123 |
| Alternative Phone No | OFFICE-83227123 |

### Vehicle Particulars

| | |
|---|---|
| Manufacturer | TOYOTA |
| Model | HIACE |
| 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 | COMMERCIAL VEHICLE |

### 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 | 5064328226-05 |
| Cover Note Number | |

### Driver

| | |
|---|---|
| Name of Driver | CHIRANJEEVI VIJAYALAKSHMI |
| NRIC No | S7876213F |
| Date Of Birth | 28/07/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 24/03/2004 |
| Driving Experience | 15 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-83227123 |
| Fax Number | |
| Contact Number | OTHERS-83227123 |
| EMail Address | MTHIRUK36@HOTMAIL.COM |

| | |
|---|---|
| Address | BLK 88 REDHILL CLOSE<br>#11-578 |
| Postcode | 150088 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**General Information of the Accident**

| | |
|---|---|
| Type Of Accident | COLLISION - OPENING DOOR OF VEHICLE |
| 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) | 1 |

**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 POLICE REPORT E/20190624/7009

**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 | |
| Vehicle Make/Model/Colour | |
| Details Of Properties | E-SCOOTER |
| Vehicle Category | NA/UNKNOWN |
| Name of Driver | NG KIAN SENG |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

## SKETCH PLAN

### 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. 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.

**MAX DISTRIBUTERS**
Blk 88 Redhill Close
#11-578
Singapore 150088

| | | |
|---|---|---|
| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | 03/09/2019<br>Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |

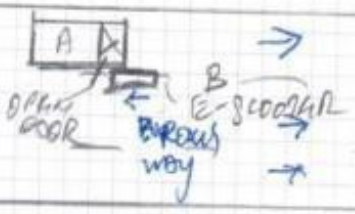
**Accident Sketch Plan**

**SKETCH PLAN**

391 ORCHARD ROAD NGEE ANN CITY DRIVEWAY

A) GX 1722 J

B) E-SCOOTER




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

PW PAPER TO POLICE REPORT E/2019E6XE/2009

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

MAX DISTRIBUTERS
Blk 88 Redhill Close
#11-578
Singapore 150088

Policyholder's Signature
Date & Time:

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

03/09/2019

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

SINGAPORE POLICE FORCE

E/20190624/7009



**POLICE REPORT (NP299)**

Report No. E/20190624/7009

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

| Date/Time Report Made | Vide Report No. | Station Diary No. |
|---|---|---|
| 24/06/2019 13:10 | | |

| Name Of Informant | Address |
|---|---|
| CHIRANJEEVI VIJAYALAKSHMI | APT BLK 88 REDHILL CLOSE #11-578 SINGAPORE 150088 |
| ID Type / ID No.<br>NRIC NO / S7876213F | Contact No.<br>Home/Office: Mobile: 83227123 |
| Nationality<br>INDIAN | Email Address<br>mthiruk36@hotmail.com |

| Occupation | Sex | Age | Date of Birth | Race |
|---|---|---|---|---|
| self employed | Female | 40 | 28/07/1978 | Indian |

| Institution/School Name | Language |
|---|---|
| | English |
| Date/Time Of Incident<br>26/05/2019 08:00 | Location Of Incident<br>391 ORCHARD ROAD NGEE ANN CITY SINGAPORE 238872 |

**Brief details.**

i am newspaper vendor to said building since 2006. its my everyday routine to collect balance newspapers left at driveway Nee ann city tower b.at the time of incident i was doing same thing. my vehicle was stationary while i open my door person involved in said accident speed through from opposite direction driveway hit on my door and fell.
few seconds before i am stopping my vehicle only i saw him pass through me on the walkway beside driveway.i didnot expect him that speed in front of me within few seconds on my opposite side as always

| Signature Of Officer Recording The Report: | Signature Of Informant: |
|---|---|
| Not applicable | The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>24/06/2019 13:10 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

SINGAPORE POLICE FORCE

E/20190624/7009



**POLICE REPORT (NP299)** **CONTINUATION OF REPORT**

Report No. E/20190624/7009

check my mirror before opening my door.i was so panicked approch him for help. he denied my help told me he is going to see doctor for his leg and took my handphone number ask me to settle his clinic bill. i didnot get any call from him afterthat.then i recieved police letter.i have few snaps to attach for your consideration.thank you

| | |
|---|---|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>24/06/2019 13:10 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

**ACCIDENT SCENE**




03/09/2019
Road Works

**ACCIDENT SCENE**

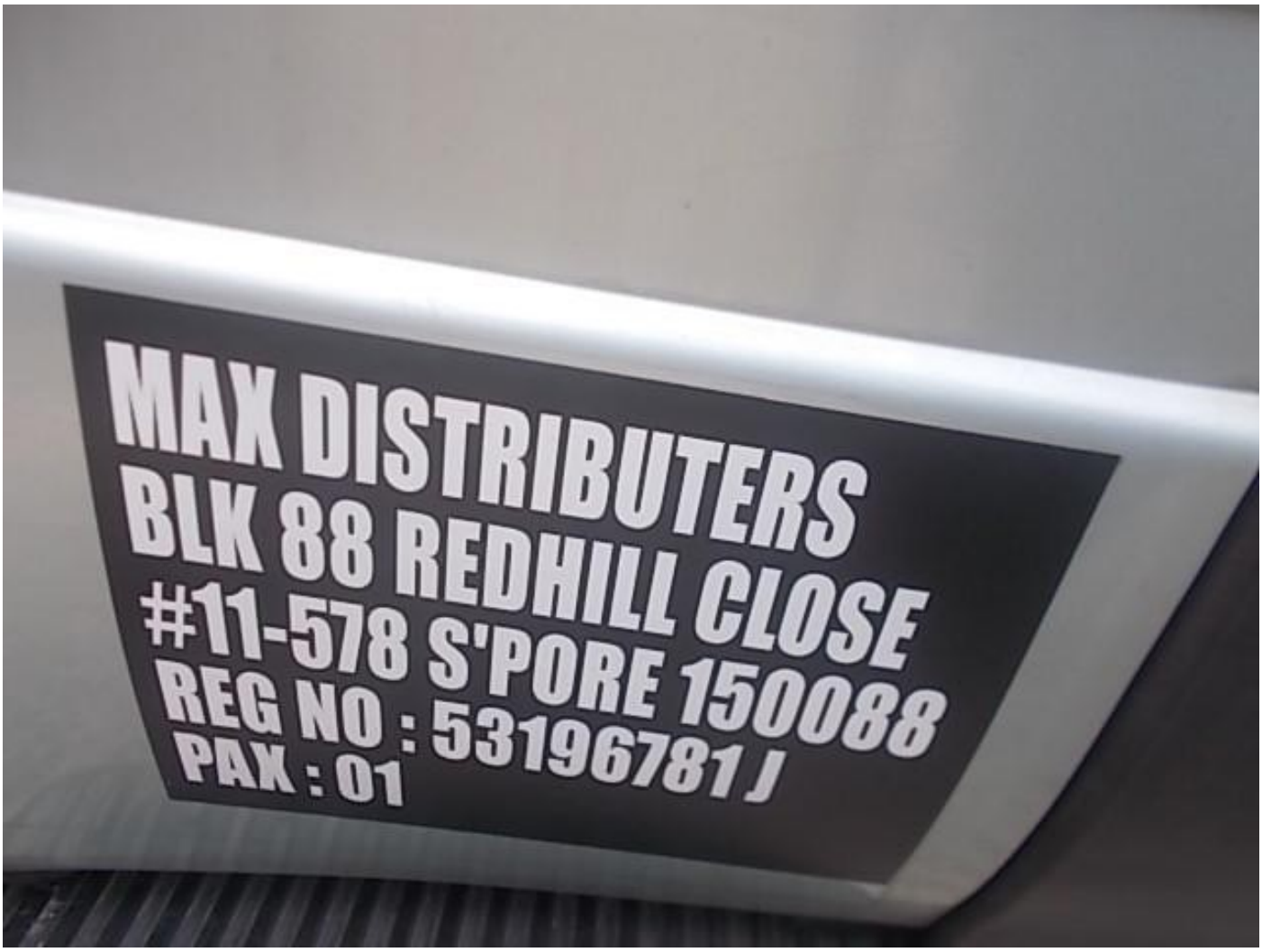


**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**



**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**