

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	24/09/2019 16:59
Date Of Accident	23/09/2019 21:45
Exact Location Of Accident	LOYANG AVE BEFORE PASIR RIS DR 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX4922U
Insured/Policyholder	
Name Of Registered Owner	JOYCE SHOBANA SOLOMON
NRIC No	S8116622F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93867906
Alternative Phone No	OFFICE-93867906

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101886421-01
Cover Note Number	

Driver

Name of Driver	PETER MATHAN S/O MANIAM
NRIC No	S8215008J
Date Of Birth	11/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	30/05/2006
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93867906
Fax Number	
Contact Number	OFFICE-93867906
Email Address	NOEMAIL

Address	BLK 330 TAH CHING ROAD #03-88
Postcode	610330
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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: : KOTLA RAJASEKHERA RAO GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190924/7002.

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	SKM7937C
Vehicle Make/Model/Colour	BMW 523I
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKN2493T
Vehicle Make/Model/Colour HONDA ODYSSEY
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)

DETAILS OF INJURED PERSON 1

Name PETER MATHAN S/O MANIAM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLX4922U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KOTLA RAJASEKHERA RAO
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLX4922U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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.:

FORM 10 (REVISED 2014)

Accident Sketch Plan

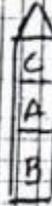
SKETCH PLAN

Vehicle A
- SLX4922U

Vehicle B
- SKN249ST

Vehicle C
- SKM7937C

LOYANG AVENUE
TOWARDS
MISDC 275 DC 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policyholder's Signature
Date & Time:

ATMM: 51-07146/07-08-19/18

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/20190924/7002

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190924/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2019 01:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: PETER MATHAN S/O MANIAM		Address: APT BLK 330 TAH CHING ROAD #03-88 SINGAPORE 610330	
ID Type / ID No.: NRIC NO / S8215008J		Contact No.:	Mobile: 93867906
Nationality: SINGAPORE CITIZEN		Email: peter_mathan@yahoo.com.sg	
Sex: Male	Age: 37	Date of Birth: 11/05/1982	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE CAR DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2019 21:50	Type of Location: Straight Road
Location: LOYANG AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLX4922U	Car					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/20190924/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190924/7002

CONTINUATION OF REPORT

Driver			
Name	PETER MATHAN S/O MANIAM	ID No.	S8215008J
Related Vehicle	SLX4922U (Car)	Contact No.	93867906
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/09/2019	Date Discharge	24/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated time and date i was travelling on loyang ave after pasir ris drive 1 . My vehicle SLX4922U was hit by a red honda oddsey SKN2493T when i was stationary. The impact was so huge that push my vehicle forward resulting my car to hit onto another car bearing SKM7937C BMW. We exchange particular and all agreed to proceed accident claims.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190924/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190924/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
24/09/2019 01:32

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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