#### 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	30/09/2019 19:48
Date Of Accident	28/09/2019 12:05
Exact Location Of Accident	RANGOON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL399G
Insured/Policyholder	
Name Of Registered Owner	GENZ CAR RENTAL
Co Reg No	53337779W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VELLFIRE 2.4X WELCAB A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5083315356-02
Cover Note Number	
Driver	

Name of Driver MURRALI DURAI NRIC No S7431184I Date Of Birth 28/09/1974 Occupation **INDOOR** Date Of Driving Pass 29/08/1996

**Driving Experience** 23 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94508074

Fax Number

**Contact Number** OFFICE-94508074

**EMail Address NOEMAIL** 

BLK 524 SERANGOON NORTH AVENUE 4 Address

#08-46

Postcode 550524

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**COLLISION - CHANGE/CROSS LANE** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO 5

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME: : HARSHINTAA DURAI

**GENDER:** : FEMALE

Passenger 2 NAME: : DURAI PANDIAN K

> GENDER: : MALE

Passenger 3 : LAKSHANYA MURRALI NAME:

> GENDER: : FFMALE

Passenger 4 NAME: : MUTHUPANDIAN MALINI

> GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SERANGOON NORTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709, POSTCODE: Police Station Address

550108, COUNTRY: SINGAPORE

Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

TEL NO: 1800-2849999 - FAX NO: 63431742

# **Circumstances of Accident**

REFER TO POLICE REPORT - T/20190928/2161.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera? YES NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

WC4641K Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category **COMMERCIAL VEHICLE** 

WANG LEI Name of Driver NRIC/Passport Number G2502462T

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name MURRALI DURAI

Approximate Age

ARM Injuries Sustain SKL399G Injured person in which vehicle? Were seat belts worn? YES Was this injured conveyed to hospital by NO

ambulance? Address

Postcode

#### **DETAILS OF INJURED PERSON 2**

HARSHINTAA DURAI Name

Approximate Age

**ARM** Injuries Sustain Injured person in which vehicle? SKL399G YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 3**

**DURAI PANDIAN K** Name

Approximate Age

Injuries Sustain LEG SKL399G Injured person in which vehicle? Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 4**

LAKSHANYA MURRALI Name

Approximate Age

**FACE** Injuries Sustain Injured person in which vehicle? SKL399G YES Were seat belts worn? Was this injured conveyed to hospital by NO

ambulance?

Address

# Postcode

# **DETAILS OF INJURED PERSON 5**

Name MUTHUPANDIAN MALINI

Approximate Age

Injuries Sustain LEG

Injured person in which vehicle? SKL399G

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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- 3. Information provided must be as <u>trythful and accurate as possible</u>. 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
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- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Murance Association of Singapore (GIA) for archMing and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to opies 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 provided by me or possessed by my insurer (conecuvery the Personal information ) and disclose one trained 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 frms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (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 chalors (including the mailing of correspondence, statements, involces, reports or notices to de, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as in 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
- (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 Porposes.
- 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 Sign

Reg. No.

EN 53337779W

Date & Time:

Muraham

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

Reporting Centre Personnel's

NRIC/FIN NO.

minar, Mr. Stump of

SKETCH PLAN	T.	
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The second second	(If driver is not the policyholder)	Name:

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Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999 1 of 4 Report No. T/20190928/2161

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# REPORT OF A TRAFFIC ACCIDENT

	me Report N 019 19:22	Made:	Vide Report No.:	Station Diary (C.)
NOATE.	nt's Partic	ulars.	公司 经公司 经公司 经证明 经	
	Miniormant: ALI CURAI		Address: APT BLK 524 SERANGOON SINGAPORE 550524	NORTH AVENUE 4 £23 46
	/ ID No.: O / S74311	841	Contact No.: Home/Office:	Mobile: 94508074
Nationa SINGAR	lity: PORE CITIZ	EN	Email:	27.4
Sex: Male	Age: 45	Date of Birth: 28/09/1974	Type of Informant: Driver	10 Agric
Race:	1		Language: English	Institution / School Name:35
A 100 PER SEC. 1	Occupation: Technical Officer		Driving Licence Information: Class: 2B,2A,3,4	Date of Expiry:

Type of Accident			Date/Time of Accident: 28/09/2019 12:05	Type of liocation: X-Junction	
Location: Junction of Ro RANGOON R KENT ROAD		Road Surface:		Road Speed Lim	
Clean		Dry		60 Km//∮ * ₩ ~ *	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:	
Type of Collisi Between Movi		Swipe - Same Direction		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Page age
SKL399G	Car	TOYOTA	Vellfire	Black	Seriously Damaged	2.50
WC4641K	Lorry					0

Details of Person Involved	The state of the s	
Any Pedestrian Involved: No		4 1.
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	1/2

# Police Report





Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

( ) to 1

2 of 4 Report No. T/20190928/2161

CONTINUATION OF REPORT

Passenger	Control Medical Property	THE PERSON				PERSONAL PROPERTY.	A O'THE PER
Name	HARSHINTAA DUR	IAS		ID No	).	S7835134I	1,000
Related Vehicle	SKL399G (Car)			Conta	act No.	NIL	16.3
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licen Expin	g	Class: NIL Date of Expir	r: NIL
Date Treatment	28/09/2019		Date Disc	harge	28/09	9/2019	
No. of Days gran	ted Medical Leave	03	Degree of				
Passenger - 1	<b>公司</b> 2000年 1000年	No. of the last	CE STATE OF	No.	100 K	ENSAGE OF	Necessary of
Name	DURAI PANDIAN K			ID No		S0176078E	
Related Vehicle	SKL399G (Car)			Conta	ct No.	NIL	. 12
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licens Expiry	g	Class: NIL Date of Expin	/: NIL
Date Treatment	28/09/2019		Date Disc	harge	28/09	/2019	
No. of Days grant	ted Medical Leave	04	Degree of				4
Drivis New Contract	<b>多类的基础的基础的</b>	WITTER FILE	<b>的表面的数据</b>	<b>*</b>	(2.5) (S)	and the merce	MARINE
Name	MURRALI DURAI	C.W. Ollowing Co.		ID No		S7431184I	7-12/5
Related Vehicle	SKL399G (Car)			Contact No.		94508074	
Flaspital/Clinic	TAN TOCK SENG HOSPITAL			Class Driving Licent Expiry	g	Class: 2B,2A, Date of Expiry	
Date Treatment	28/09/2019		Date Disch	narge	28/09	/2019	
No. of Days grant	ed Medical Leave	03	Degree of				
Passenger		N. A. L. B.		er on		Service Commission	
Name	LAKSHANYA MURRALI			ID No.		T0528934Z	
Related Vehicle	SKL399G (Car)			Conta	ct No.	NIL	(i)
Hospital/Clinic	TAN TOCK SENG H	IOSPITAL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry	: NIL
Date Treatment	28/09/2019		Date Disch			/2019	
	ed Medical Leave	03	Degree of				





Pailos Station Of Origin: Secangoon North NPP 108 Secangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

Report No. T/26190925#161

CONTINUATION OF REPORT

Passenger	Salvar Service		No. of the last	24	ARCH.	
Name	MUTHUPANDIAN MALINI			ID No		X3907821Z
Related Vehicle	SKL399G (Car)		Contact No		ct No.	NIL E
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	28/09/2019	//- See - See (1977)	Date Disc	harge	28/09	0/2019
No. of Days gran	ted Medical Leave	03	Degree of			
Driver	。	<b>设置的企业</b>			B 177	ed action was built and with
Name	WANG LEI			ID No		G2502462T
Relateo Vehicle	WC4641K (Lorry)			Contact No.		NIL F WETT
Hospital/Clinic	NIL ·		-	Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Da a Treatment	NIL		Date Disc	harge	NIL	- Serve decis
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

#### Brief Details.

On 28/09/2019 @1205hrs, I was driving a rented car (SKL399G) along Rangoon Road towards Serangoon Road and there were 4 of my family members inside the vehicle. When I was about to nach the junction of Rangoon Road and Kent Road, I noticed that there was a cement truck which was stationary at the side of the road. I then continued to drive forward and the said cement truck suddenly made a right turn from a stationary position into Kent Road and in the process collided onto the left rear side of my vehicle causing my vehicle to mount the kerb. I then alighted from my vehicle to make a sheck and discovered that the other driver is a Chinese National and we were not able to communicate must to language barrier. As I worried that my family members could be injured due to the accident, I called for a Grab car and went to Tan Tock Seng Hospital for check-up leaving my car behind. While I was seeking treatment at Tan Tock Seng Hospital, I received a call from Traffic Police officer enquiring about the accident and also the extent of the injury. I was then advised to lodge an accident report. My car was towed away by the towing vehicle engaged by the car rental company. I and my family members were given medical leaves for 3 days except for my father who was given 4 days medical leave.

The junction where the accident took place is not a controlled junction as there is no traffic light.

### **Police Report**





Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

Report No. T/2019 928/2161

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CONTINUATION OF REPORT

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in ant 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:	Signature Of Informant:	3
SI ABDUL RASHID BIN ABDULLAH	Wear	. 4
Signature Of Interpreter. Not applicable	Date/Time: 28/09/2019 19:22	
Officer In Charge Of Case:	Classification Of Case:	2.5
TP / AEIT / SI ANG YI TING, STEPHANIE		
Contact No.: 65476414	5N 151	. 11
Authentication Stamp		1.3



























