

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	01/10/2019 14:50
Date Of Accident	27/09/2019 17:50
Exact Location Of Accident	WEST COAST HWY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX4439Y
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Insured/Policyholder

Name Of Registered Owner	MOHAMAD FIRDAUZ BIN SAMSUDIN
NRIC No	S8324183G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90688424
Alternative Phone No	OFFICE-90688424

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109293848
Cover Note Number	

Driver

Name of Driver	VIKNESWARAN S/O GOVINDARAJOO
NRIC No	S8504849Z
Date Of Birth	31/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85713373
Fax Number	
Contact Number	OFFICE-85713373
EEmail Address	NOEMAIL

Address	BLK 729 JURONG WEST AVENUE 5 #10-216
Postcode	640729
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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/20190928/7011.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX299C
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	GOVERNMENT

Name of Driver	SAW WEE KIAT
NRIC/Passport Number	S9803503F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	VIKNESWARAN S/O GOVINDARAJOO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJX4439Y
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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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 statement 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/also 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

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/PIN No.:

Accident Sketch Plan

SKETCH PLAN

West Coast Highway

Van A: SJX437Y

Van B: GX2991C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report -

DECLARATION

I/We

being parties are true in every respect.

Policy:
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NIC/PIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190928/7011

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

1 of 3

Report No. T/20190928/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2019 13:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: VIKNESWARAN S/O GOVINDARAJOO			Address: APT BLK 729 JURONG WEST AVENUE 5 #10-216 SINGAPORE 640729		
ID Type / ID No.: NRIC NO / S8504849Z			Contact No.: Home/Office: Mobile: 85713373		
Nationality: SINGAPORE CITIZEN			Email: viknessg@gmail.com		
Sex: Male	Age: 34	Date of Birth: 31/01/1985	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2019 17:50	Type of Location: Straight Road
Location: WEST COAST HIGHWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX299C	Car					0
SJX4439Y	Car	MITSUBISHI	Lancer		Slightly Damaged	2

Details of Person Involved

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

Scanned by CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20190928/7011

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

2 of 3

Report No. T/20190928/7011

CONTINUATION OF REPORT

Driver			
Name	VIKNESWARAN S/O GOVINDARAJOO	ID No.	S8504849Z
Related Vehicle	SJX4439Y (Car)	Contact No.	85713373
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	02	Degree of Injury	Slight

Brief Details.

On the stated date and time, i was driving my vehicle SJX4439Y at west coast highway, I was going straight at lane 1 and my lane was clear.i drive and saw a police car turning out from minor road towards lane 1, I precaution him my honing and i stop in time by swerving to the right, then the police car QX299C reverse and drive forward and collided to my side, My car was stationery.

I do not have my passenger particular.

I felt uncomfortable and consult a doctor and got 2 days MC.

Scanned by CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20190928/7011

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

3 of 3

Report No. T/20190928/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

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

Date/Time:
28/09/2019 13:43

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



A close-up photograph of a metal component, likely a part of a vehicle's suspension or steering system. A black label with white text is affixed to the metal. The label reads "MITSUBISHI MOTORS CORPORATION" at the top. Below this, the part number "CS34500000" is visible. Other markings on the label include "1.5L", "16V", "4300", and "CSX 1000". The metal surface is polished and shows some wear. Below the main component, several dark, cylindrical parts are visible, possibly part of a brake or suspension assembly.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

