

## 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             | 19/11/2019 10:09      |
| Date Of Accident           | 08/11/2019 14:30      |
| Exact Location Of Accident | CTE TWDS PIE (CHANGI) |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLQ7750R |
|-----------------------------|----------|

#### Insured/Policyholder

|                          |                                  |
|--------------------------|----------------------------------|
| Name Of Registered Owner | ROSET LIMOUSINE SERVICES PTE LTD |
| Co Reg No                | 200406722Z                       |
| Email Address            | NOEMAIL                          |
| Mobile Phone No          |                                  |
| Alternative Phone No     | OFFICE-68445225                  |

#### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | HONDA              |
| Model  | VEZEL 1.5 HYBRID X |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL 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 | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE             |
| Fleet Policy              | NO                        |
| Policy Number             | SD19V13180/VPZ/R01        |
| Cover Note Number         |                           |

#### Driver

|                      |                               |
|----------------------|-------------------------------|
| Name of Driver       | GERARD RAMESH S/O VATHILINGAM |
| NRIC No              | S7208519A                     |
| Date Of Birth        | 09/03/1972                    |
| Occupation           | OUTDOOR                       |
| Date Of Driving Pass | 19/05/1995                    |
| Driving Experience   | 24 YEARS AND 5 MONTHS         |
| Gender               | MALE                          |
| Mobile Number        | (LOCAL) +65-91443281          |
| Fax Number           |                               |
| Contact Number       | OFFICE-91443281               |
| Email Address        | NOEMAIL                       |

|   |  |
|---|--|
| Address   | BLK 572B WOODLANDS AVENUE 1<br>#15-832 |
| Postcode  | 732572                                 |
| 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

|                    |                 |
|--------------------|-----------------|
| 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: : -<br>GENDER: : MALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)  |
| Police Station Address                    | <b>ROAD:</b> 51 ANG MO KIO AVENUE 9 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2180000 - <b>FAX NO:</b> 64814246                                     |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - F/20191108/7053.

#### 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 | ER9944M     |
| Vehicle Make/Model/Colour   |             |
| 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 SMK6611K  
Vehicle Make/Model/Colour  
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 GERARD RAMESH S/O VATHILINGAM  
Approximate Age  
Injuries Sustain NECK, SPINE & BACK  
Injured person in which vehicle? SLQ7750R  
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** on the details of the accident to speed up the claims process.
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- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.



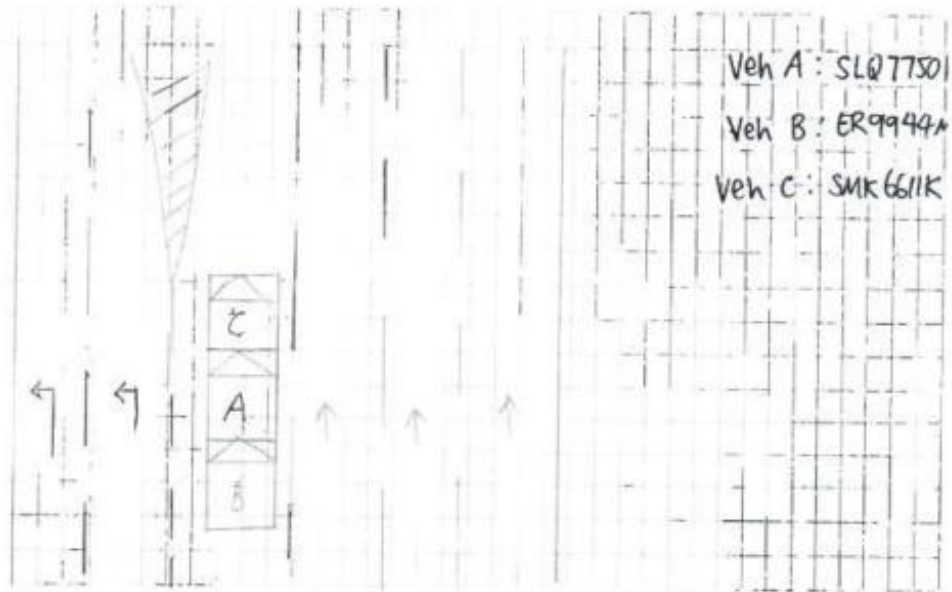
Policy holder's signature  
Date / time:

Driver's signature  
(if driver is not policy holder)  
Date / time:

reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

### DECLARATION

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



Policy holder's signature  
Date & time:



Driver's signature  
(if driver is not policy holder)  
Date & time:



reporting centre personnel's Signature  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



F/20191108/7053

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## POLICE REPORT (NP299)

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Report No. F/20191108/7053

|  |  |                   |
|--|--|-------------------|
| Date/Time Report Made<br>08/11/2019 20:37                    | Vide Report No.  | Station Diary No. |
| Name Of Informant<br>GERARD RAMESH S/O VATHILINGAM           | Address<br>APT BLK 572B WOODLANDS AVENUE 1 #15-832<br>SINGAPORE 732572 |                   |
| ID Type / ID No.<br>NRIC NO / S7208519A                      | Contact No.<br>Home/Office: Mobile:<br>91443281                        |                   |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>gerardgr29@gmail.com                                  |                   |
| Occupation<br>Grabcar Driver                                 | Sex<br>Male  | Age<br>47         |
| Institution/School Name                                      | Date of Birth<br>09/03/1972  | Race<br>Indian    |
| Date/Time Of Incident<br>08/11/2019 14:30 - 08/11/2019 14:45 | Location Of Incident<br>CENTRAL EXPRESSWAY                             |                   |

### Brief details.

I was driving my rental car (SLQ7750R) on CTE. I wanted to use the exit 8B (PIE Changi - Upper Serangoon). There were many cars on the lane towards exit 8B. I indicated my left signal to go into that lane to join the queue to exit 8B. There was a car (SMK6611K) in front of me. The driver stopped his vehicle and I stopped my car behind him. Suddenly, a car (ER9944M) hit me from behind. The impact was so hard that it pushed my car forward and hit SMK6611K rear.

I am a grab driver and I had a passenger with me. He told me he had a slight injury on his neck. I was

|  |  |
|--|--|
| 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>08/11/2019 20:37   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp

# Police Report



**SINGAPORE  
POLICE FORCE**



F/20191108/7053

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20191108/7053

injured on my lower neck, both shoulders, neck and was in pain. I will be seeing the doctor for my injuries.

|                           |  |              |                       |
|---------------------------|--|--------------|-----------------------|
| <b>Subjects Involved</b>  |  |              |                       |
| <b>Suspect</b>            |  |              |                       |
| Person Name               | LOH SUAN KAI   |              |                       |
| Gender                    | Male   |              |                       |
| <b>Victim</b>             |  |              |                       |
| Person Name               | GERARD RAMESH S/O VATHILINGAM                                  |              |                       |
| ID Type                   | NRIC NO  | ID No        | S7208519A             |
| Gender                    | Male   | Age          | 47                    |
| Race                      | Indian   | Language     | English               |
| Occupation                | Grabcar Driver   | Address Type |                       |
| Address                   | APT BLK 572B WOODLANDS<br>AVENUE 1 #15-832<br>SINGAPORE 732572 |              | Mobile No<br>91443281 |
| Is Informant A<br>Victim? | Yes  |              |                       |
| Person Name               | GERARD RAMESH S/O VATHILINGAM (Informant)                      |              |                       |

|  |  |
|--|--|
| 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>08/11/2019 20:37   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |
| Authentication Stamp   |  |

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



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