

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	26/12/2019 15:06
Date Of Accident	24/12/2019 16:05
Exact Location Of Accident	PIE (CHANGI) BEFORE JLN EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK1978K
Insured/Policyholder	
Name Of Registered Owner	RICO 60 AUTO SERVICES PTE LTD
Co Reg No	2XXXXX623M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62866060

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 1.5G 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	YES
Policy Number	5108526526
Cover Note Number	

Driver

Name of Driver	GANASAN S/O PALANYSAMY
NRIC No	SXXXX736Z
Date Of Birth	02/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1994
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98170133
Fax Number	
Contact Number	OFFICE-98170133
EEmail Address	NOEMAIL

Address	BLK 213 MARSILING CRESCENT #12-79
Postcode	730213
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	5
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: : NG ZHAO XUN 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/20191226/7008.

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	SMP2038R
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 SKU3628D
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 3

Vehicle Registration Number SLD8358C
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 4

Vehicle Registration Number SHD5166G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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 GANASAN S/O PALANYSAM Y
Approximate Age
Injuries Sustain NECK & SHOULDER
Injured person in which vehicle? SMK1978K

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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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.



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.:

Accident Sketch Plan

SKETCH PLAN

Veh A = SMK197BK
 Veh B = SMP2038A
 Veh C = SKM362BD
 Veh D = SLDB35BC
 Veh E = SHD5166G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight on the stated lane. As the front vehicle slowed down and stop, I followed suit. Suddenly, I felt an impact from my rear and realised that vehicle B collided into my rear. I then realised that I am involved in a 5-car chain collision.

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191226/7008

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

1 of 3

Report No. T/20191226/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2019 11:23	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GANASAN S/O PALANYSAMY			Address: APT BLK 213 MARSILING CRESCENT #12-79 SINGAPORE 730213		
ID Type / ID No.: NRIC NO / S2196736Z			Contact No.: Home/Office: Mobile: 62866060		
Nationality: SINGAPORE CITIZEN			Email: enquiry@rico60.com		
Sex: Male	Age: 54	Date of Birth: 02/11/1965	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2019 16:05	Type of Location: Straight Road
Location: Pan Island Expressway				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SHD5166G	TAXI					0
SKU3628D	Car			Black		0
SLD8358C	Car			Brown		0
SMK1978K	Car					0
SMP2038R	Car			White		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20191226/7008

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

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Report No. T/20191226/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GANASAN S/O PALANYSAMY	ID No.	S2196736Z
Related Vehicle	SMK1978K (Car)	Contact No.	62866060
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/12/2019	Date Discharge	25/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated date and time, i vehicle A was travelling straight on the said venue. As the front vehicle slowed down and stop, i followed suit. Suddenly, i felt and impact from my rear and realised that vehicle b collided into my rear. I then realised that i am involved in a 5-car chain collision.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191226/7008

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

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Report No. T/20191226/7008

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:
26/12/2019 11:23

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168

Rental Agreement



Define Leasing Pte Ltd co. Reg: 2018286742

Rental Agreement

Date: 30/7/19

26 Sin Ming Lane, #05-126, Midview City Singapore 573971 | Contact no: +65 8202 4803 | support@defineleasing.com

Rental Vehicle Details

Vehicle Make: Honda Vehicle Model: Freed Hybrid Car Plate: SMK1978K
Chassis Number: _____ Vehicle Mileage: _____ Fuel Bat: _____

Leasing Details

From: 5th Aug 19 to 4th Feb 20 (1mth / 3mth / 6mth / 1year) 1st Payment Commence Date: 30/7/19

Deposit Due: \$500 / \$1,500 Deposit Collected: \$ 750 Total Rental Weekly: \$ 630

Rental Daily: \$ 84 Rental Weekly: \$ 592 Insurance Excess Buy Down: \$ 6 /Day

If hirer return vehicle within 6 months from the commencing date, deposit of \$ 1000 will be forfeited

All payable(s) are to be made to Define Leasing Pte Ltd, OCBC Banking Account: 7128-7262-1001

Hirer Particulars

Name: Ganasan S/O Palanyasamy NRIC No: S2196736Z DOB: 02-11-1965

Address: Blk 213 Marsiling Crescent #12-79 Postal Code: 730213

Home No: _____ Mobile No: 9817 0133



Please Answer all below Questions

Have you been Declared Bankrupt / Undischarged Bankrupt?

Yes / No

Have you Owed any Rental Company Outstanding Payments?

Yes / No

Have you been convicted in a court of law and Suspended for any Serious Traffic Violations?

Yes / No

Vehicle Insurance

Local (Singapore) Excess Fees: \$2,000 Own Damage, Excess Fees: \$1,500 3rd Party Damage

Overseas (Out of Singapore) Excess Fees: \$4,000 Own Damage, Excess Fees: \$3,000 3rd Party Damage

If hirer purchase 100% Buy down excess @ additional \$ 6 /Day, Excess fees payable will be \$0 of each day

It is the responsibility of the "HIRER" or per above detail ONLY. Failure to comply or subletting would be penalized. "Define Leasing"



Main Renter's Signature

Define Leasing - Signature

I, "HIRER" hereby agree, and understand all the terms & conditions of both sides of this agreement and signifies acceptance upon signing of agreement.

- * Eligible for 5 days leave, 2 days MC
- * Collected \$750 bank transfer, \$250 will be paid on first week of rental.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

