

## 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	14/02/2020 13:26
Date Of Accident	13/02/2020 13:25
Exact Location Of Accident	BLK 322 UBI AVE 1 OPEN CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3155G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THIRUTANGO
Co Reg No	5XXXX874C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93875737

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088182759-02
Cover Note Number	

### Driver

Name of Driver	THIRUCHELVI D/O TANGAMUTHU
NRIC No	SXXXX087I
Date Of Birth	12/11/1977
Occupation	INDOOR
Date Of Driving Pass	14/01/2009
Driving Experience	11 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93875737
Fax Number	
Contact Number	
Email Address	THIRUTANGO@GMAIL.COM

Address	BLK 748 WOODLANDS CIRCLE #04-518
Postcode	730748
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPRIETOR
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)	1

#### Details of Police Action

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

#### Circumstances of Accident

refer to police report.

#### 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	GBH1210M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	THIRUCHELVI D/O TANGAMUTHU
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLM3155G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan Pg. 1


### SKETCH PLAN


#### IMPORTANT NOTICE

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5. Any false reporting 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/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.:

**Sketch Plan Pg. 2**

### SKETCH PLAN

Along Blk 322 Ubi Avenue 1 carpark



Veh A : 5 Lm 31556

von B: GBH1210m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

## DECLARATION

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

Shen

Policyholder's Signature  
Date & Time:

Qm

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



Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20200225/7001

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

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Report No. T/20200225/7001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/02/2020 00:19		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: THIRUCHELVI D/O TANGAMUTHU		Address: APT BLK 748 WOODLANDS CIRCLE #04-518 SINGAPORE 730748		
ID Type / ID No.: NRIC NO / S7733087I		Contact No.: Home/Office: Mobile: 93875737		
Nationality: SINGAPORE CITIZEN		Email: THIRUTANGO@GMAIL.COM		
Sex: Female	Age: 42	Date of Birth: 12/11/1977	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Other health professionals nec		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2020 13:25	Type of Location: Car Park
Location:  UBI AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLM3155G	Car	TOYOTA	WISH	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM3155G	NTUC Income Insurance Co-Operative Limited		26/03/2018	26/03/2020

## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200225/7001

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

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Report No. T/20200225/7001

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THIRUCHELVI D/O TANGAMUTHU	ID No.	S77330871
Related Vehicle	SLM3155G (Car)	Contact No.	93875737
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	13/02/2020	Date Discharge	13/02/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	THIRUCHELVI D/O TANGAMUTHU	ID No.	S77330871
Related Vehicle	SLM3155G (Car)	Contact No.	93875737
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	NIL	Degree of Injury	NIL

## Brief Details.

I WOULD LIKE TO AMMEND MY REPORT WHICH WAS DONE ON 14 FEB 2020 REPORT NO: T/20200214/7004 DUE TO BEING WRONGLY GUIDED BY THE OFFICER ON DUTY. ON 13 FEB 2020 WHILE I WAS ON DUTY, BEING A COMMUNITY NURSE I VISITED MY PATIENT AT BLK 322 UBI AVE 1. I PARKED NEXT TO THE LIFT LOBBY AT BLK 322 AT THE PATIENT UNIT #599 RUBBISH CHUTE AT 12.52PM. ONCE DONE WITH MY HOME VISIT, I CAME DOWN FROM MY PATIENT HOUSE AT 1.25PM AND STARTED TO DRIVE OUT OF THE CARPARK TOWARDS CARPARK EXIT ON A STRAIGHT ROAD IN THE CARPARK. I WAS APPROACHING BLK 323 WHEN VEHICLE GBH1210M SUDDENLY CAME OUT OF A PARKING LOT AT BLK 323 AND HIT ME ON MY RIGHT REAR PORTION OF MY CAR. SUDDENLY I FELT A GREAT IMPACT. I WAS SHOCKED DUE TO THE SUDDEN JERK. I CAME OUT OF MY CAR IMMEDIATELY TO CHECK MY CAR. THE VAN DRIVER IMMEDIATELY REVERSED BACK INTO HIS LOT WHICH WAS NEXT TO A HANDICAP PARKING LOT. HE THEN CAME OUT AND OWNED UP THAT HE DID NOT SEE MY CAR COMING WHEN HE ABRUPTLY STARTED TO DRIVE OUT OF THE CARPARK LOT. HE APOLOGISED PROFUSELY AND AGREED TO GET MY CAR REPAIRED AND TO PAY FULL COST AS HE AGREED THAT IT WAS SOLELY HIS MISTAKE. DUE TO THE ACCIDENT, MY CAR WAS POSITIONED AWKWARDLY SUCH THAT IT WAS BLOCKING ANOTHER CAR. THE CAR DRIVER WAS WAITING FOR ME TO MOVE MY CAR. THEREFORE I HAD TO PARK OPPOSITE THE VAN IN ANOTHER CARPARK LOT SO THAT THE OTHER CAR COULD MOVE OUT OF THE CARPARK. THERE WAS PEDESTRIANS WAS WALKING AROUND. WE EXCHANGED PARTICULARS AND TOOK PICTURES OF THE DAMAGE TO THE VEHICLES. HE WANTED ME TO GO TO HIS WORKSHOP AS SUGGESTED BY HIS BOSS TO GET MY CAR REPAIRED. I DISAGREED WITH HIS SUGGESTION AND INSISTED THAT I WILL GO TO MY WORKSHOP INSTEAD. CONCURRENTLY I MADE CALLS TO MY SUPERVISOR ANNIE KIONG AND TO JDM WERKS WORKSHOP STAFF MR LING. I WAS



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T/20200225/7001

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Report No. T/20200225/7001

**CONTINUATION OF REPORT**

DRIVER THAT I WILL CALL HIM LATER TO UPDATE HIM. I WAS ADVISED BY MY SUPERVISOR ANNIE KIONG TO STOP WORKING AND SEEK MEDICAL ATTENTION AS I FELT UNWELL DUE TO THE SUDDEN IMPACT. I STARTED TO FEEL PAIN OVER MY NECK, BILATERAL SHOULDER AND LOWER BACK. I PROCEEDED TO MAKE A REPORT AT THE WORKSHOP AND THEN CONSULTED MY GP AT 24HRS CLINIC AT WOODLANDS MART. MY GP ADVISED ME TO GET AN XRAY AT SATE CIVIC CENTRE THE NEXT DAY. I HAD FOLLOWED UP THE NEXT DAY AS ADVISED AND SUBMITTED ALL NECESSARY DOCUMENTS TO THE RELEVANT DEPARTMENTS.





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T/20200225/7001

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Report No. T/20200225/7001

**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 / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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:  
25/02/2020 00:19

Classification Of Case: