

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	16/03/2020 17:44
Date Of Accident	13/03/2020 22:30
Exact Location Of Accident	TUAS WEST UNDERPASS TWDS TUAS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2880L
Insured/Policyholder	
Name Of Registered Owner	MR BALAKRISHNAN BALARAJU
NRIC No	SXXXX247Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98254557
Alternative Phone No	OFFICE-98254557

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0 PREMIUM CVT
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 CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MU010853-R02
Cover Note Number	

Driver

Name of Driver	BALAKRISHNAN BALARAJU
NRIC No	SXXXX247Z
Date Of Birth	10/07/1957
Occupation	INDOOR
Date Of Driving Pass	02/10/1981
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98254557
Fax Number	
Contact Number	OFFICE-98254557
Email Address	NOEMAIL

Address	452 CORPRATION ROAD #14-07
Postcode	649811
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSX4679 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200314/2094.

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	JSX4679
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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:



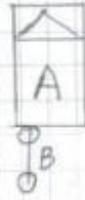
reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

Veh A : SKW2880L

Veh B : JSX 4679



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As refer to the police report, I would like to state that I wanted to amend my traffic police report I went to the TP HQ but the IO officer name: Mr. IO Ghairil Bin Zulkeflee, Handphone no: +65 9637 4065. told me that I do not need to amend it and I just have to incidate in my GIA report. I only got the motorbike vehicle plate after getting a phone call from him.

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



T/20200314/2094

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Report No. T/20200314/2094

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BALAKRISHNAN S/O BALARAJU	ID No.	S2166247Z
Related Vehicle	SKW2880L (Car)	Contact No.	98254557
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 13/03/2020 at about 2230hrs, I was driving my Car SKW2880L along Jalan Ahmad Ibrahim heading into Tuas Checkpoint. I was in the middle lane and traffic was quite congested at that point of time.

I decided to head to Raffles Marina first as traffic was quite heavy. I signal to the left and proceed on after checking that the way was clear. When all of a sudden, I heard something from the rear. Thinking nothing was amiss, I continued driving.

As I was approaching Raffle Marina, I realised a Malaysian Motorist was following me. When I reach the guardhouse, a motorist approach me and informed me that I had hit onto his wife motorcycle. However, I realised that the rider was with another pillion who was a lady. From what I could see, the Malaysian rider and his pillion was fine and there are no visible injuries on them.

I told him to lodge a police report and I will do the same. I make an U-turned and proceed back to where I was driving earlier on. Everything was normal from what I could observed. When I entered JB, I managed to stop and make a check on my car. That is when I realised that there were a few scratches and dents marks on the rear left side of my car.

On the day itself, I received a call from a Traffic officer who advised me to lodge a report and to send him pictures of the four sides of my car. I wish to state that I have an in car camera however I am not sure if it manage to capture the incident.

Police Report



SINGAPORE
POLICE FORCE



T/20200314/2094

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Report No. T/20200314/2094

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Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

CONTINUATION OF REPORT

Sketch Plan

Informant 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: J / Sgt 1 AHMAD HAIKAL BIN AHMAD FIRDAUS
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant:
Date/Time: 14/03/2020 16:15
Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

