

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	14/03/2020 13:17
Date Of Accident	13/03/2020 08:50
Exact Location Of Accident	ALONG ROAD 1 SERANGOON ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3167G
Insured/Policyholder	
Name Of Registered Owner	SUBRAPRAKASH TRADING
Co Reg No	53380192C
Email Address	AUTOMIM.CLAIM@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98009606

Vehicle Particulars

Manufacturer	TOYOTA
Model	PROACE
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG19003067
Cover Note Number	

Driver

Name of Driver	SUBRAMANIAM S/O SHANMUGAN
NRIC No	S2205650F
Date Of Birth	10/11/1963
Occupation	INDOOR
Date Of Driving Pass	18/09/1985
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98009606
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 505 SERANGOON NTH AVE 4 #03-466
Postcode	550505
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 - HEAD TO REAR
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20200314/2029.

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	SH6447M
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
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	SUBRAMANIAM S/O SHANMUGAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBJ3167G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

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. 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)**

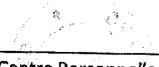
I understand, acknowledge, agree and consent that:

- (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.

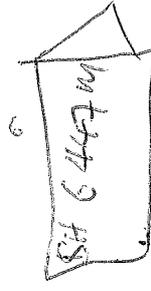
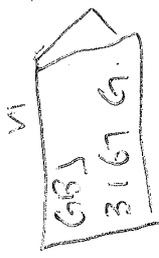

 Policyholder's Signature
 Date & Time:




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


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

Accident Sketch Plan Pg. 1

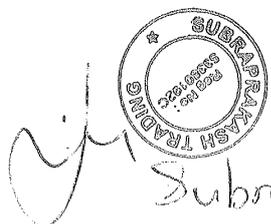


Bendeneer
Primary
School

08.50 a.m.

St. Barnabas Lane

Serangan Rd



Subreunthian

220565017

14/3/20

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200314/2029

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3
Report No. T/20200314/2029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUBRAMANIAM S/O SHANMUGAM	ID No.	S2205650F
Related Vehicle	GBJ3167G (Van)	Contact No.	98009606
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	14/03/2020	Date Discharge	14/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 13/03/2020 at 0850hrs, I was driving my van, GBJ3167G, along Serangoon Road towards Upper Serangoon Road. I was driving near to lamp post 107/1 when the traffic light turned red, as such a few vehicle that was ahead of mine slowed down and came to a stop, as such I followed suit. Suddenly, I felt an impact from the rear portion of my van. I then alighted and noticed that a taxi, SH6447M, had collided onto the rear portion of my vehicle. We took a few photos of the accident, however due to the heavy traffic, we moved the vehicle to the side of the road.

On the next day, I felt pain on my neck and back portion as such I went to Intemedical 24 Hr Clinic located at 525 Ang Mo Kio Avenue 10 #01-2407 and was given 3 days of medical certificate.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20200314/2029

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

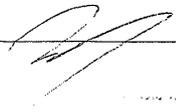
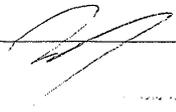
3 of 3
Report No. T/20200314/2029

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: E / Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2020 10:11
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case: 
Authentication Stamp NP168	

Identification Card Pg. 1

REPUBLIC OF SINGAPORE

License Number: **S2205650F**

Name: **SUBRAMANIAM S/O SHANMUGAM**

Birth Date: **10 Nov 1963**

Issue Date: **06 Feb 2010**

0018206201



REPUBLIC OF SINGAPORE

License Number: **S2205650F**



Name: **SUBRAMANIAM S/O SHANMUGAM**

Ethnicity: **INDIAN**

Date of Birth: **10-11-1963**

Sex: **M**

Country of Birth: **MALAYSIA**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 cc	13 Sep 1986
Class 2A	Motorcycles between 201 cc and 400 cc	07 Oct 1983
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	13 Sep 1985
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	22 Nov 1985
Class 5	*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg *Motor vehicles not constructed to carry load and the unladen weight > 7250kg	09 May 1988

License No: S2205650F



NP 28A

6175726



License No: **S2205650F**



Date of issue: **02-04-2019**

Address: **APT BLK 505 SERANGOON NORTH AVENUE 4 #03-466 SINGAPORE 550505**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

