

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	15/04/2020 12:03
Date Of Accident	22/03/2020 14:30
Exact Location Of Accident	X-JUNC ALONG MARINA BOULEVARD & SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7060D
Insured/Policyholder	
Name Of Registered Owner	PJC CONSTRUCTION PTE. LTD
Co Reg No	2XXXXX738E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98185185
Alternative Phone No	OFFICE-69707198

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111018079
Cover Note Number	

Driver

Name of Driver	ARUMUGAM SUGUMARAN
Passport No/FIN	GXXXXX723M
Date Of Birth	05/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98925338
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	78 TAGORE LANE
Postcode	787589
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200323/2018

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	SHC5327P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	98676940
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20200323/2018

DECLARATION

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



Policy 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

4/15/2020

Marina Blvd - Google Maps

Google Maps Marina Blvd



Image capture: Jul 2019 © 2020 Google

Singapore

Google

Street View



A - GBJ70600
B - SHC5327P

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200323/2018

2 of 3

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapur Road SINGAPORE

208678

Tel No: 1800-2949999

Report No. T/20200323/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ARUMUGAM SUGUMARAN	ID No.	G7939723M
Related Vehicle	NIL	Contact No.	98925338
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 22/03/2020 at about 2:30pm, I was travelling along Marina Boulevard in my lorry and was planning to turn left towards Sheares Avenue. There was no traffic at the road and my vehicle was positioned at lane 5 and there was a red taxi at lane 4. The traffic light was green and I proceeded to turn left. As I was turning left, I felt something hit the rear of my vehicle. As such my steering was affected and my vehicle went straight instead. I stopped at the side of Marina Boulevard. The taxi driver thought that I wanted to go straight as he claimed that I did not turn on my signal. The taxi driver stopped in front of my vehicle. He only provided me with his phone number (hp : 98676940). I took a photo of his vehicle. My vehicle had a dent on the right rear tire. The taxi had damage on the front bumper. There is no injuries. I am lodging this report for insurance purposes. That is all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



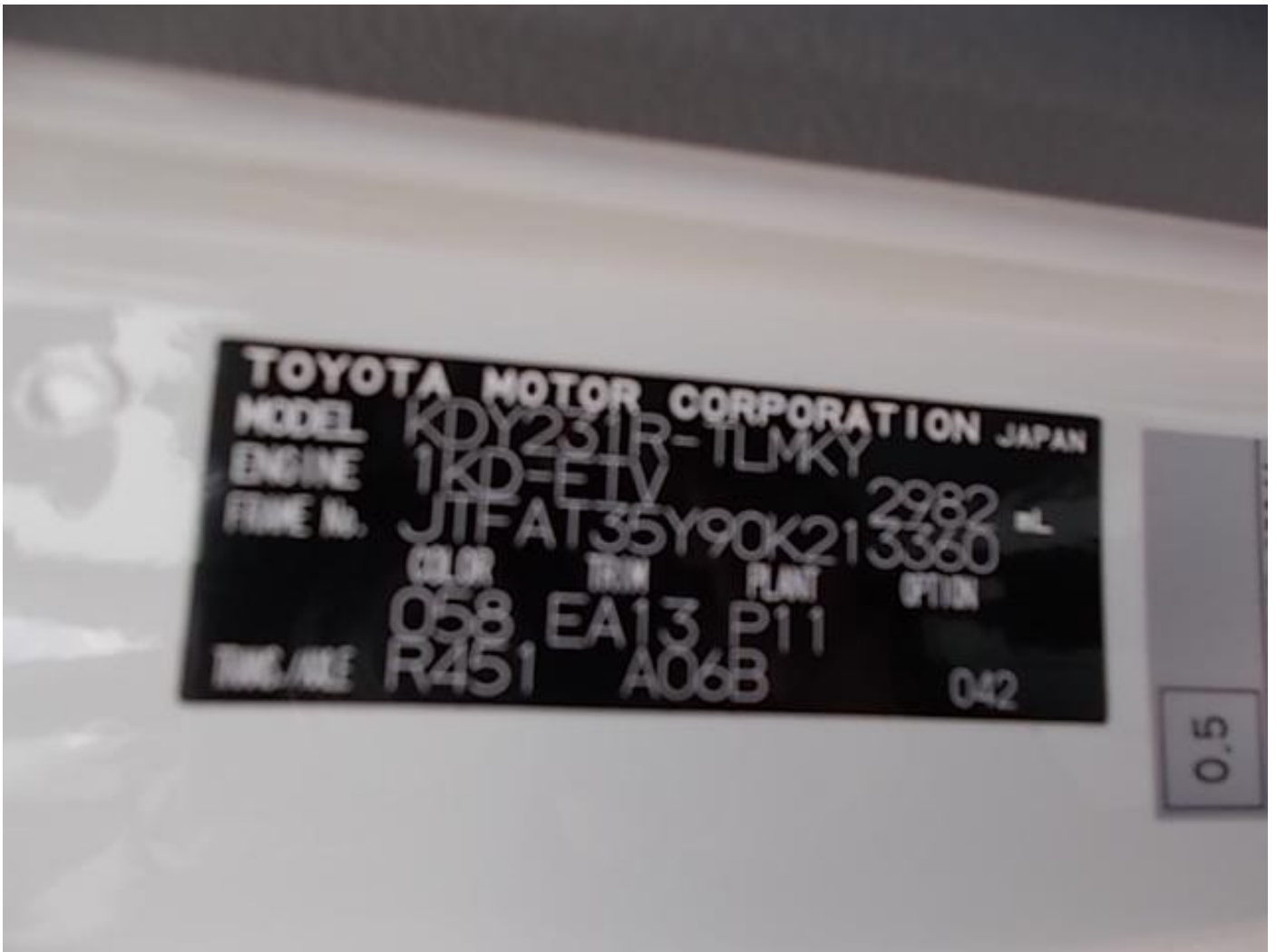
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200323/2018

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949899

Report No. T/20200323/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2020 09:09		Vide Report No.:		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: ARUMUGAM SUGUMARAN			Address: 126 TAGORE LANE SINGAPORE 787589		
ID Type / ID No.: FIN NO / G7939723M			Contact No.: Home/Office: Mobile: 98325338		
Nationality: INDIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 05/05/1983	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER / DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/03/2020 14:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MARINA BOULEVARD				
Cross Junction along Marina Boulevard and Sheares Avenue				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GPJ7080D 68J 7060D	Lorry	TOYOTA		White	Slightly Damaged	1
SHC5327P	Car	RENAULT	LATITUDE 2.0L DCI AUTO DAB 4DR	Red	Slightly Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20200323/2018

2 of 3

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapur Road SINGAPORE

208678

Tel No: 1800-2948999

Report No. T/20200323/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ARUMUGAM SUGUMARAN	ID No.	G7939723M
Related Vehicle	NIL	Contact No.	98925338
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 22/03/2020 at about 2:30pm, I was travelling along Marina Boulevard in my lorry and was planning to turn left towards Sheares Avenue. There was no traffic at the road and my vehicle was positioned at lane 5 and there was a red taxi at lane 4. The traffic light was green and I proceeded to turn left. As I was turning left, I felt something hit the rear of my vehicle. As such my steering was affected and my vehicle went straight instead. I stopped at the side of Marina Boulevard. The taxi driver thought that I wanted to go straight as he claimed that I did not turn on my signal. The taxi driver stopped in front of my vehicle. He only provided me with his phone number (hp : 88676940). I took a photo of his vehicle. My vehicle had a dent on the right rear tire. The taxi had damage on the front bumper. There is no injuries. I am lodging this report for insurance purposes. That is all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200323/2018

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No: T/20200323/2018

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:

A /

Sgt 2 CHONG JUN KIT, JAYSON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/03/2020 09:09

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP103