

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 28/04/2020 15:14
Date Of Accident 23/04/2020 07:30
Exact Location Of Accident PIE TWDS TUAS
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE4670X

Insured/Policyholder

Name Of Registered Owner DYNAMIC DINING HOUSE & CATERING PTE LTD
Co Reg No 2XXXXX182D
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-65429776

Vehicle Particulars

Manufacturer TOYOTA
Model HARRIER 2.0 PREMIUM AT AIRBAG 2WD 5DR
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? YES
If No, Please state action to be taken
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 5082246549-03
Cover Note Number

Driver

Name of Driver PREKASH S/O CHANDRASAKARAN
NRIC No SXXXX214D
Date Of Birth 02/03/1977
Occupation INDOOR
Date Of Driving Pass 12/12/2018
Driving Experience 1 YEAR AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-88413421
Fax Number
Contact Number OFFICE-88413421
Email Address NOEMAIL

Address	BLK 5 CHANGI VILLAGE ROAD #01-2039
Postcode	500005
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	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?	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	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/20200423/2037, T/20200428/7015.

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	SFS515U
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)

Accident Sketch Plan

SKETCH PLAN

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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.

DYNAMIC DINING HOUSE & CATERING PTE LTD
Reg.No: 200503182D
5, Changi Village Road
#01-2041, Singapore 500005
Tel: 65429776

Policyholder's Signature
Date & Time:

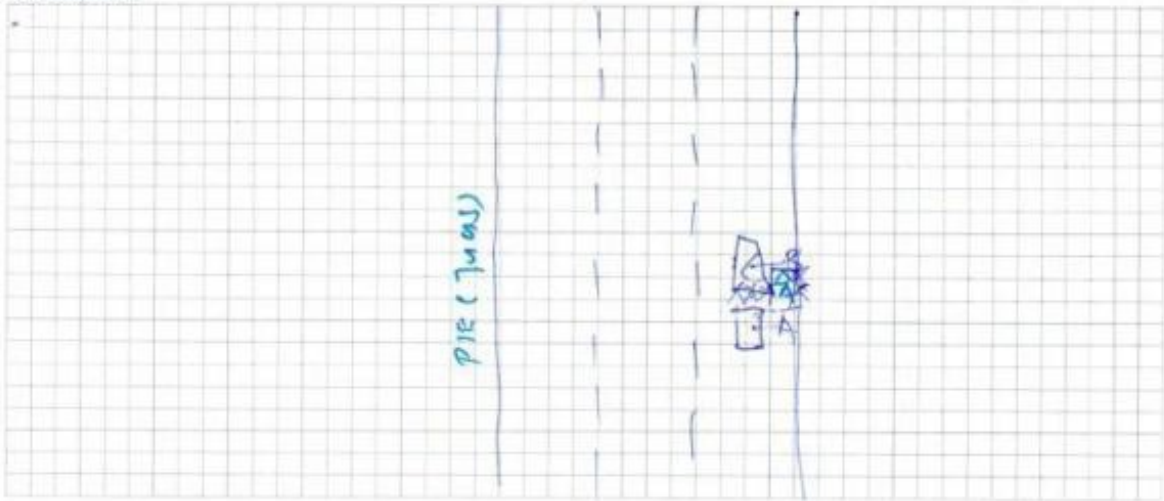

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

A: SLE4670X
B: JPS515M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 7/2020423/207, 7/2020423/2015.

DECLARATION

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

DYNAMIC DINING HOUSE & CATERING PTE LTD

Reg. No: 2005031820

Policyholder's Signature
5, Chong Village Road
Singapore 500005
Tel: 65429776

GARMC SketchPlan form_V3

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200423/2037

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

1 of 3

Report No. T/20200423/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2020 17:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PREKASH S/O CHANDRASAKARAN			Address: C/O APT BLK 5 CHANGI VILLAGE ROAD #01-2041 SINGAPORE 500005		
ID Type / ID No.: NRIC NO / S7707214D			Contact No.: Home/Office: Mobile: 88413421		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 02/03/1977	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Cook			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/04/2020 07:30	Type of Location:
Location: Along Road 1 PAN-ISLAND EXPRESSWAY PIE TOWARDS TUAS 9KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFS515U	Car					0
SLE4670X	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200423/2037

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

2 of 3

Report No. T/20200423/2037

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location I was traveling along PIE towards TUAS, 9km on the first lane when suddenly I felt an impact from the front left portion of my vehicle causing me to collide into the barrier on the center lane subsequently I stopped my vehicle on the right side of the road to check on the other party and took a few pictures of the damages. I was attended by the traffic police and the IO advised me to lodge a traffic accident report . Nobody was injured that's all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200423/2037

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

3 of 3

Report No. T/20200423/2037

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:
TP /
BERNARD KOH REN JUN

BK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/04/2020 17:19

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

BK

Police Report



**SINGAPORE
POLICE FORCE**



1/20200426/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408605
Tel No: 65470000

1 of 3
Report No: 1/20200426/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2020 14:36
Vide Report No.: T/20200423/2037
Station Diary No.:

Informant's Particulars

Name of Informant: PREKASH S/O CHANDRASAKARAN
Address: APT BLK 5 CHANGI VILLAGE ROAD #01-2039 SINGAPORE 500005
ID Type / ID No.: NRIC NO / S7707214D
Contact No.: Home Office: Mobile: 88413421
Nationality: SINGAPORE CITIZEN
Email: boykash77@gmail.com
Sex: Male Age: 43 Date of Birth: 02/03/1977
Type of Informant: Driver
Race: Indian
Language: English
Institution / School Name:
Occupation: Cook
Driving Licence Information: Class: Date of Expiry:

Details of the Accident

Type of Accident:	Non-Injury Attended by Police	Drunk Drive: No	Date/Time of Accident: 23/04/2020 17:20	Type of Location: Along Road 1 PAN-ISLAND EXPRESSWAY
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 80 Km/h		
Traffic Flow: Dual Carriage 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
SF551SU	Car			Red	Slightly Damaged	2
SLE4670X	Car					0

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA

None

Auto

B/W 1

B/W 2

Greyscale



Filters

Modes

Police Report



**SINGAPORE
POLICE FORCE**



T/20200428/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 3
Report No. T/20200428/7015

CONTINUATION OF REPORT

Driver			
Name	PREKASH SO CHANDRASAKARAN	ID No.	S7707214D
Related Vehicle	SLE4670X (Car)	Contact No.	88413421
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

Amendment my report;

Actually i am the one who hit the car from behind.

Filters



Add New

Done >

Police Report

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**SINGAPORE
POLICE FORCE**

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


T/20200428/7015

3 of 3
Report No: T/20200428/7015

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 / TPHQ /
MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Authentication Stamp
NP 100

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
28/04/2020 14:36

Classification Of Case:

^
Filters

+

Add New

Done >

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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