

## 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	30/04/2020 14:27
Date Of Accident	30/04/2020 11:00
Exact Location Of Accident	NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT4932Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JAYRETHNEM S/O JAYARAM
NRIC No	S0174877G
Email Address	JAY_RETHNEM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90229545
Alternative Phone No	OTHERS-90229545

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200-1.8 ML (A)
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3070251900
Cover Note Number	

### Driver

Name of Driver	JAYRETHNEM S/O JAYARAM
NRIC No	S0174877G
Date Of Birth	27/03/1950
Occupation	OUTDOOR
Date Of Driving Pass	08/05/1971
Driving Experience	48 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90229545
Fax Number	
Contact Number	OTHERS-90229545
Email Address	JAY_RETHNEM@HOTMAIL.COM

Address	BLK 707 YISHUN AVENUE 5 #04-22
Postcode	760707
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 - CHANGE/CROSS LANE
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: : SUSAN SEBASTIAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN.

#### 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	SHA903U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	FOONG KEONG FATT
NRIC/Passport Number	S1737088Z
Contact Number	87006033
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


**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:

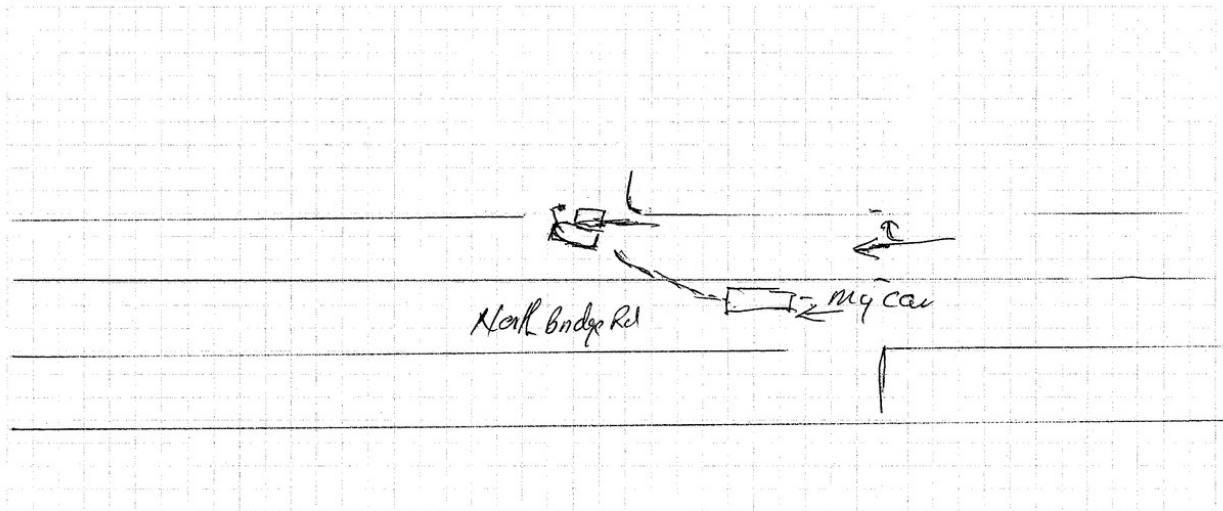
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: **30 APR 2020**

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Morning about 11am I was travelling along North Bridge Rd. I saw Upper.
Horsien at I made a right turn, I look at my right mirror, I did
not see any car, suddenly heard a loud noise, my car involved in an
accident, my right door cannot open, I quickly come out from the left door
and went over to the taxi driver open the door and feel him and talk to him.
he say chest pain, I ask one person to call the ambulance, Ambulance came
some time after, the ambulance attendance ask the driver Mr Foong to go to Hospital.
he say he is OK, they brought him into the ambulance and check, after some time
he came out, they say his ECG is OK, then the traffic police come, took
out file to record, then he say you both can report your accident to
your insurance Co.
Refer to Police Report No: T/2020501/2031

DECLARATION

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

Policyholder's Signature  
Date & Time: 30/7/20  
2:25pm

SIABMC Sketch Plan Form\_V3

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

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



**SINGAPORE  
POLICE FORCE**



T/20200501/2031

1 of 4

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20200501/2031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/05/2020 15:27	Vide Report No.:	Station Diary No.: 89
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**Informant's Particulars**

Name of Informant: JAYRETHNEM S/O JAYARAM			Address: APT BLK 707 YISHUN AVENUE 5 #04-22 SINGAPORE 760707		
ID Type / ID No.: NRIC NO / S0174877G			Contact No.: Home/Office: Mobile: 90229545		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 27/03/1950	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PROPERTY AGENT			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/04/2020 11:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 NORTH BRIDGE ROAD UPPER HOKIEN STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA903U	Car					0
SKT4932Z	Car	MERCEDES BENZ	C 200 CGI	Black	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKT4932Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30702519 00	01/10/2019	30/09/2020

Police Report Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20200501/2031

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20200501/2031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FOONG KEONG FATT	ID No.	S1737088Z
Related Vehicle	SHA903U (Car)	Contact No.	87006033
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
Driver			
Name	JAYRETHNEM S/O JAYARAM	ID No.	S0174877G
Related Vehicle	SKT4932Z (Car)	Contact No.	90229545
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	SEBASTIAN SUSAN	ID No.	S1363936A
Related Vehicle	SKT4932Z (Car)	Contact No.	93899015
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	Slight

**Brief Details.**

On 30/04/2020 at about 1100hrs, I was driving my car bearing registration number SKT4932Z, with my wife in the car, along North Bridge Road. While I was at the junction of Upper Hokien Street, as I was not in the turning lane (right), I had checked my side mirrors for any oncoming traffic on the right. After confirming that there was no car and safe to turn, I had signaled "right" and turned right to Upper Hokien Street.

However, as I was turning right, a vehicle had suddenly collided to the right of my car. I had immediately stopped my car to check on my wife. Thereafter I alighted from my car to check for injuries to other parties



**SINGAPORE  
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T/20200501/2031

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Report No. T/20200501/2031

**CONTINUATION OF REPORT**

and damages to the cars. The vehicle which collided to my car was a taxi (Comfort Delgro) bearing registration number SHA903U. My car was badly damaged on right portion of the car body. The said taxi driver was not injured, however he complaint of chest pain. I had then called ambulance. Shortly after, Traffic Police and ambulance arrived at my scene. The said taxi driver was checked by the paramedics; he was not conveyed.

After the accident, my wife felt pain on her shoulders and collar area, she sustained bruises, however she did not consult doctor.

I am lodging this report as instructed by the Traffic Police and also for insurance claimant purposes. My car is installed with dashcam (front & back).



**SINGAPORE  
POLICE FORCE**



T/20200501/2031

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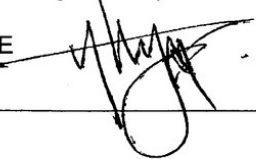


Report No. T/20200501/2031

CONTINUATION OF REPORT

**Sketch Plan**

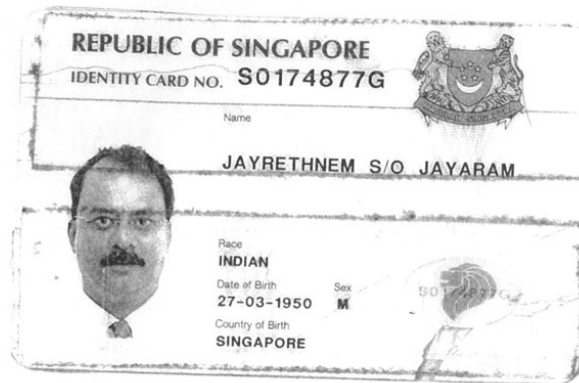
Informant is not able to provide sketch plan

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.

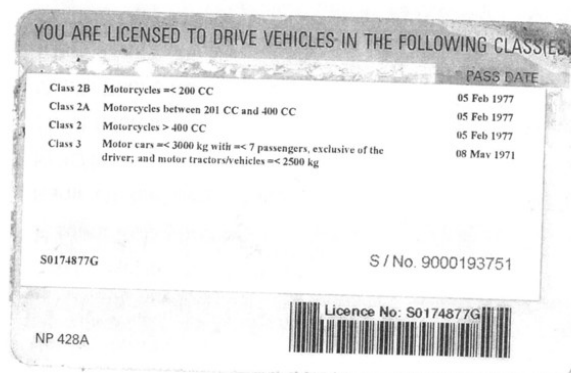
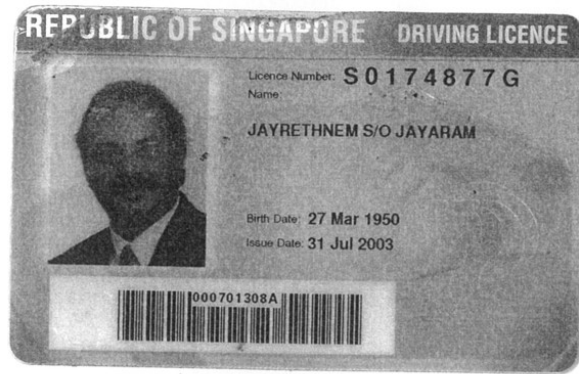
Signature Of Officer Recording The Report: L / Staff Sgt YAP YHEE HOE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/05/2020 15:27
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	



Identification Card Pg. 1



# Driving License Pg. 1



# Certificate of Insurance Pg. 1



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1E  
N SN  
AN0575A  
COMPREHENSIVE  
AUTOSAFE

## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSN3070251900	Engine No : 27186030079204 Chassis No: WDD2040482A402742
1. Index Mark and Registration Number of Vehicle	SKT4932Z	
2. Name of Policy Holder	MR JAYRETHNEM S/O JAYARAM	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 OCTOBER 2019	NAMED DRIVERS EX SECT. I.....S\$750.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....S\$100.00
4. Date of Expiry of Insurance	30 SEPTEMBER 2020	
Persons or Classes of Persons entitled to drive *		
(A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.		
PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.		
6. Limitations as to use: *		
USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.		
EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.		
ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.		
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory

Accident Photo



Accident Photo





Accident Photo



