

## 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	08/06/2020 13:10
Date Of Accident	07/06/2020 15:20
Exact Location Of Accident	ALONG ROAD 1 TURUT TRACK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU4006S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BACKHO PTE LTD
Co Reg No	2XXXXX897R
Email Address	SLLSHENGLILAI@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98462952

### Vehicle Particulars

Manufacturer	SSANGYONG
Model	SSANGYONG / TIVOLI 1.6G 6AT ABS 2WD
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3050451900
Cover Note Number	

### Driver

Name of Driver	MUTHUKANNU PERIYASAMY
NRIC No	GXXXX213U
Date Of Birth	03/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/12/2008
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98462952
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	100 LOR 23 GEYLANG, SINGAPORE 388398
Postcode	388398
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 ON COLLISION
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)	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
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE STATEMENT

#### 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	FBP8670E
Vehicle Make/Model/Colour	HONDA
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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#### **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.



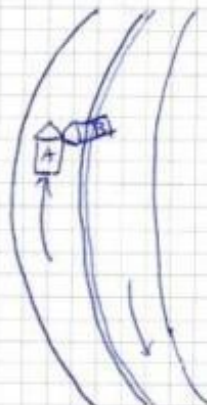
Policyholder's Signature  
Date & Time:

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



A - SKU 40065  
B - FBP 8670E  
LOCATION: Along Road 1  
Turut track

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police statement  
REF: T/20200608020

### DECLARATION

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

Policyholder's Signature  
Date & Time:

GAATMC SketchPlanForm\_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/20200608/2020

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

1 of 3

Report No. T/20200608/2020

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2020 11:32		Vide Report No.: L/20200607/0141	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: MUTHUKANNU PERIYASAMY		Address: APT BLK 100 LORONG 23 GEYLANG #07-01 D'CENENNIAL SINGAPORE 388398	
ID Type / ID No.: FIN NO / G8287213U		Contact No.: Home/Office: Mobile: 97125793	
Nationality: INDIAN		Email:	
Sex: Male	Age: 31	Date of Birth: 03/07/1988	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION		Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/06/2020 15:20	Type of Location:
Location: Along Road 1 TURUT TRACK  TURUT TRACK (MPAG: 4325D)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP8670E	Motorcycle	HONDA	CB150R MANUAL	Green		0
SKU4006S	Car	SSANGYONG	TIVOLI 1.6G 6AT ABS 2WD	Brown		0

## Details of Person Involved

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

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POLICE FORCE**



T/20200608/2020

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

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Report No. T/20200608/2020

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	MUHAMMAD SHAHRUL BIN HASLAN	ID No.	S9507799D
Related Vehicle	FBP8670E (Motorcycle)	Contact No.	81829792
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	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
<b>Driver</b>			
Name	MUTHUKANNU PERIYASAMY	ID No.	G8287213U
Related Vehicle	SKU4006S (Car)	Contact No.	97125793
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.

ON THE STATED DATE TIME AND LOCATION  
I WAS TAVELLING ALONG NEO TIEW ROAD TOWARDS LIM CHU KANG ROAD ON A ONE LANE OF 2 WAY ROAD. WHILE NEGOTIATING A RIGHT BEND, I SAW THE BIKE OF PLATE NUMBER FBP8670E TRAVELLING FROM OPPOSITE DIRECTION. SUDDENLY, THE RIDER CUT ACROSS INTO THE OPPOSITE DIRECTION TOWARDS ME.  
THE RIDER APPLIED JAMMED BRAKE AND HE FLUNG FORWARD. THE RIDER AND HIS BIKE COLLIDED ONTO MY FRONT RIGHT PORTION OF MY VEHICLE. THAT ALL.  
VIDE INCIDENT NUMBER: L/20200607/0141

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200608/2020

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

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Report No. T/20200608/2020

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 /  
EUGENE AW WEI XUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MOHAMED HUSNUL TAUFIQ BIN  
MD YUSOF  
Contact No.: 65476358

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
08/06/2020 11:32

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:

*Egon*



Accident Photo



Accident Photo





Accident Photo



Accident Photo

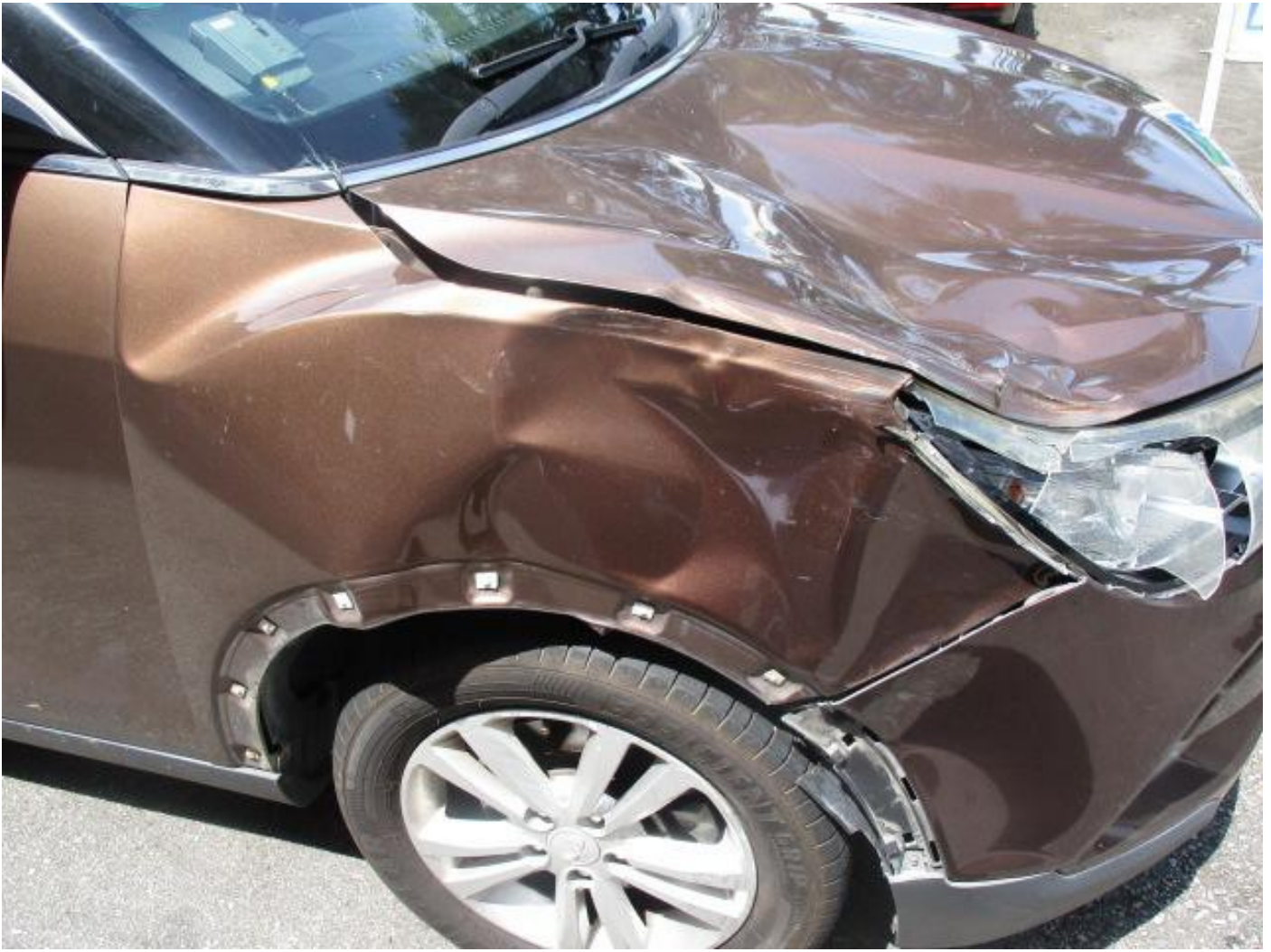


Accident Photo





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