

## 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	08/08/2020 16:34
Date Of Accident	08/08/2020 11:45
Exact Location Of Accident	ALONG NEWTON RD TWDS UPP THOMSON
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN6857B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HARIRAGAVANTHIRA S/O MURUGAYAH
NRIC No	SXXXX963E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87495165
Alternative Phone No	OFFICE-87495165

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5118429383
Cover Note Number	

### Driver

Name of Driver	HARIRAGAVANTHIRA S/O MURUGAYAH
NRIC No	SXXXX963E
Date Of Birth	14/03/1992
Occupation	INDOOR
Date Of Driving Pass	04/10/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87495165
Fax Number	
Contact Number	OFFICE-87495165
Email Address	NOEMAIL

Address	BLK 324 SEMBAWANG CLOSE #10-323
Postcode	750324
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	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?	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)	2
Passenger 1	NAME: : OMANA PRIYA GENDER: : FEMALE

#### 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 REPORT T/20200808/7018

#### 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	YP2947A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 HARIRAGAVANTHIRA S/O MURUGAYAH  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKN6857B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name OMANA PRIYA  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKN6857B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

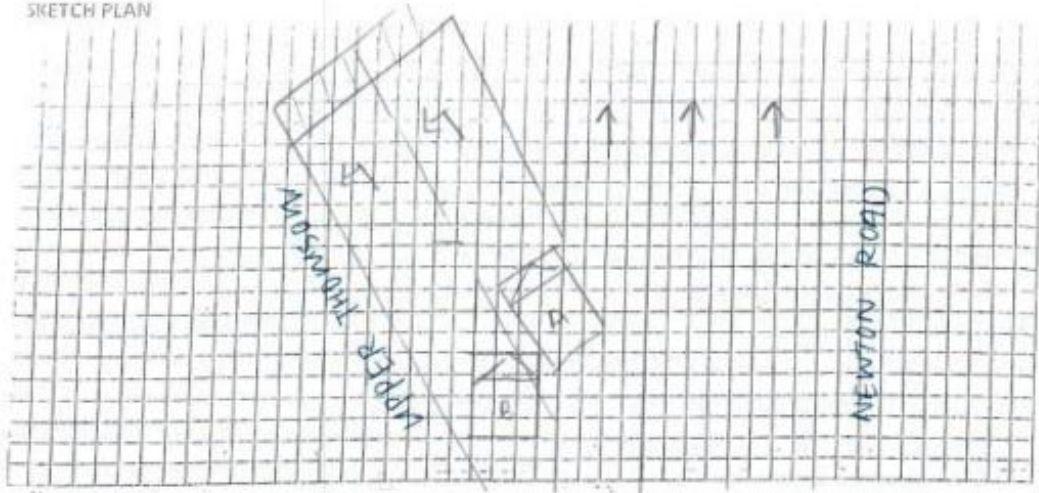
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

SKETCH PLAN

Vehicle A:  
SKN6857B  
Vehicle B:  
YP2947A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report. 7/20200808/701A

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature  
Date & Time:

2020/08/08 10:00 AM

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

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200808/7018

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Report No. T/20200808/7018

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2020 15:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HARIRAGAVANTHIRA S/O MURUGAYAH			Address: 324 SEMBAWANG CLOSE #10-323 SINGAPORE 750324		
ID Type / ID No.: NRIC NO / S9207963E			Contact No.: Home/Office: Mobile: 87495165		
Nationality: SINGAPORE CITIZEN			Email: HARIRAGA@HOTMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 14/03/1992	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Aeronautical engineer			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/08/2020 11:45	Type of Location: Y-Junction
Location:  NEWTON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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	Conditio	No of
SKN6857B	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5 HID	White		0
YP2947A	Lorry	FUSO	MITSUBISHI	White		1

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200808/7018

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

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Report No. T/20200808/7018

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN6857B	NTUC Income Insurance Co-Operative Limited	5118429383	30/07/2020	29/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	OMANA PRIYA		ID No.	S9244653J
Related Vehicle	SKN6857B (Car)		Contact No.	93691194
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/08/2020		Date	08/08/2020
No. of Days granted Medical Leave		05	Degree of	Slight
Driver				
Name	HARIRAGAVANTHIRA S/O MURUGAYAH		ID No.	S9207963E
Related Vehicle	SKN6857B (Car)		Contact No.	87495165
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/08/2020		Date	08/08/2020
No. of Days granted Medical Leave		05	Degree of	Slight

### Brief Details.

ON THE STATED TIME AND DATE,  
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SKN6857B ALONG NEWTON ROAD TOWARDS UPPER THOMSON, THE 2 LANES ON THE LEFT ARE TURN LEFT ONLY LANES. WHILST I WAS AT THE TURN LEFT ONLY LANE, THERE WAS A LORRY WHO WAS TRAVELLING ON THE MOST EXTREME LEFT LANE, WENT STRAIGHT INSTEAD OF TURNING LEFT WHEN IT IS A MANDATORY TURN LEFT LANE WHICH CAUSED A COLLISION TO THE SIDE OF MY VEHICLE. THE IMPACT CAUSED ME TO FEEL UNWELL IN WHICH I WENT TO SEEK MEDICAL ATTENTION AND WAS PRESCRIBED WITH A 5 DAYS MC.

I DO NOT HAVE A DASH CAM IN MY VEHICLE.

## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20200808/7018

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Report No. T/20200808/7018

CONTINUATION OF REPORT

## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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T/20200808/7018

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Report No. T/20200808/7018

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP168

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

Date/Time:  
08/08/2020 15:49

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo

