

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	30/10/2020 16:44
Date Of Accident	26/10/2020 08:10
Exact Location Of Accident	JUNC BOUNDARY RD & SERANGOON AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5825Y
Insured/Policyholder	
Name Of Registered Owner	DIVAKARAN PRASANAHA
NRIC No	SXXXX867Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91695251
Alternative Phone No	OFFICE-91695251

Vehicle Particulars

Manufacturer	PERODUA
Model	VIVA EZI 1.0 AT
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	5046223175-09
Cover Note Number	

Driver

Name of Driver	DIVAKARAN PRASANAHA
NRIC No	SXXXX867Z
Date Of Birth	04/05/1955
Occupation	INDOOR
Date Of Driving Pass	24/09/2003
Driving Experience	17 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91695251
Fax Number	
Contact Number	OFFICE-91695251
Email Address	NOEMAIL

Address	BLK 110 WHAMPOA ROAD #05-19
Postcode	321110
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 - CROSS JUNCTION
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
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)	4
Passenger 1	NAME: : GOVINDAN NAIR BALAKRISHNAN GENDER: : MALE
Passenger 2	NAME: : PUNITHA A/P N KRISHNAN GENDER: : FEMALE
Passenger 3	NAME: : POOVELY A/P MUNIANDY GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201029/2087.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV835M
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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) 2

DETAILS OF INJURED PERSON 1

Name DIVAKARAN PRASANAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJL5825Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name GOVINDAN NAIR BALAKRISHNAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJL5825Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name PUNITHA A/P N KRISHNAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJL5825Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 4

Name POOVELY A/P MUNIANDY
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJL5825Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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.



Policyholder's Signature
Date & Time:

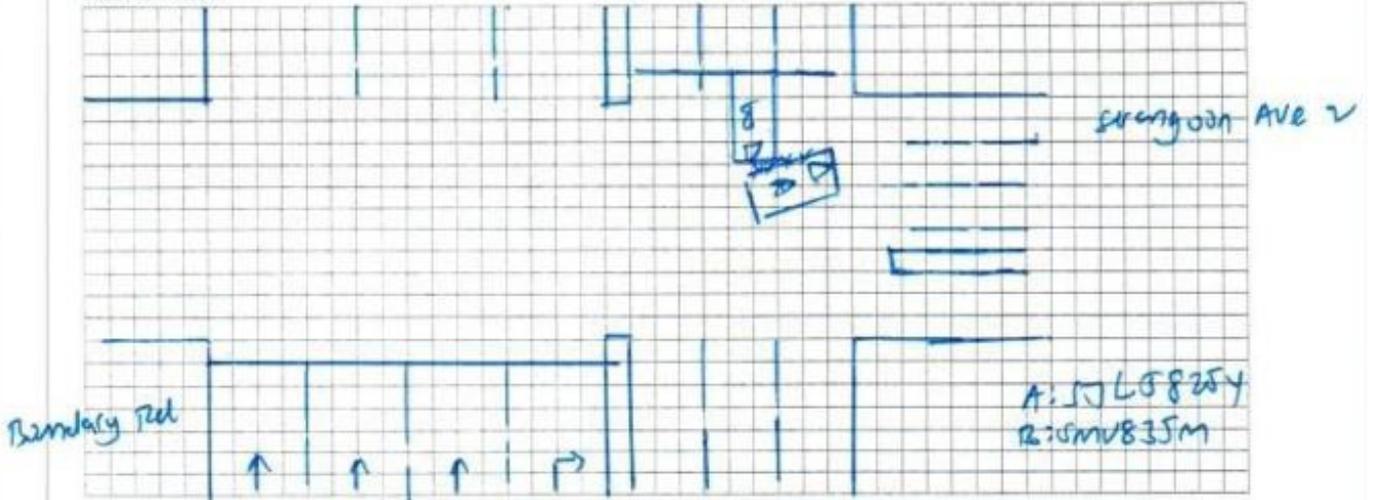
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/202029/2087

DECLARATION

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

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Policyholder's Signature
Date & Time:

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

[Signature]

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20201029/2087

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Report No. T/20201029/2087

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	GOVINDAN NAIR BALAKRISHNAN	ID No.	S0033704H
Related Vehicle	SJL5825Y (Car)	Contact No.	98391041
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	26/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	DIVAKARAN PRASANAHA	ID No.	S1145867Z
Related Vehicle	SJL5825Y (Car)	Contact No.	91695251
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/10/2020	Date Discharge	29/10/2020
No. of Days granted Medical Leave	19	Degree of Injury	Serious
Passenger			
Name	PUNITHA A/P N KRISHNAN	ID No.	F7051173T
Related Vehicle	SJL5825Y (Car)	Contact No.	81187554
Hospital/Clinic	TAN TOCK SENG 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	Serious

Police Report



**SINGAPORE
POLICE FORCE**



T/20201029/2087

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Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20201029/2087

CONTINUATION OF REPORT

Passenger			
Name	POOVELY A/P MUNIANDY	ID No.	G6807792W
Related Vehicle	SJL5825Y (Car)	Contact No.	85952408
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	27/10/2020
No. of Days granted Medical Leave	06	Degree of Injury	Serious

Brief Details.

On 26/10/2020 at 0810hrs, I was driving my car and in my car were 3 other passengers as well. It was raining and the floor was wet. As I was turning to Serangoon Ave 2 from Boundary Rd, another car came from the main road on my left and collided head first into the side of my car. I would like to state that the traffic light was amber for the other car and he was speeding. Traffic police and ambulance were called in. Subsequently myself and my 3 passengers were conveyed to Tan Tock Seng Hospital. I was warded for 4 days and was given 19 days of MC from 26/10/2020 to 13/11/2020. One of the 3 passengers, was discharged on the same day as the conveyance. The second passenger was warded for 1 day and discharged on the 27/10/2020. The last passenger is still currently warded in hospital. All 3 passengers including myself were given MC.

Police Report



SINGAPORE
POLICE FORCE



T/20201029/2087

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

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Report No. T/20201029/2087

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: E / Sgt 2 ZHANG JIABAO, JASON
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSIEN Contact No.: 65476206

Signature Of Informant: <i>P. Prapanch</i>
Date/Time: 29/10/2020 17:13
Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



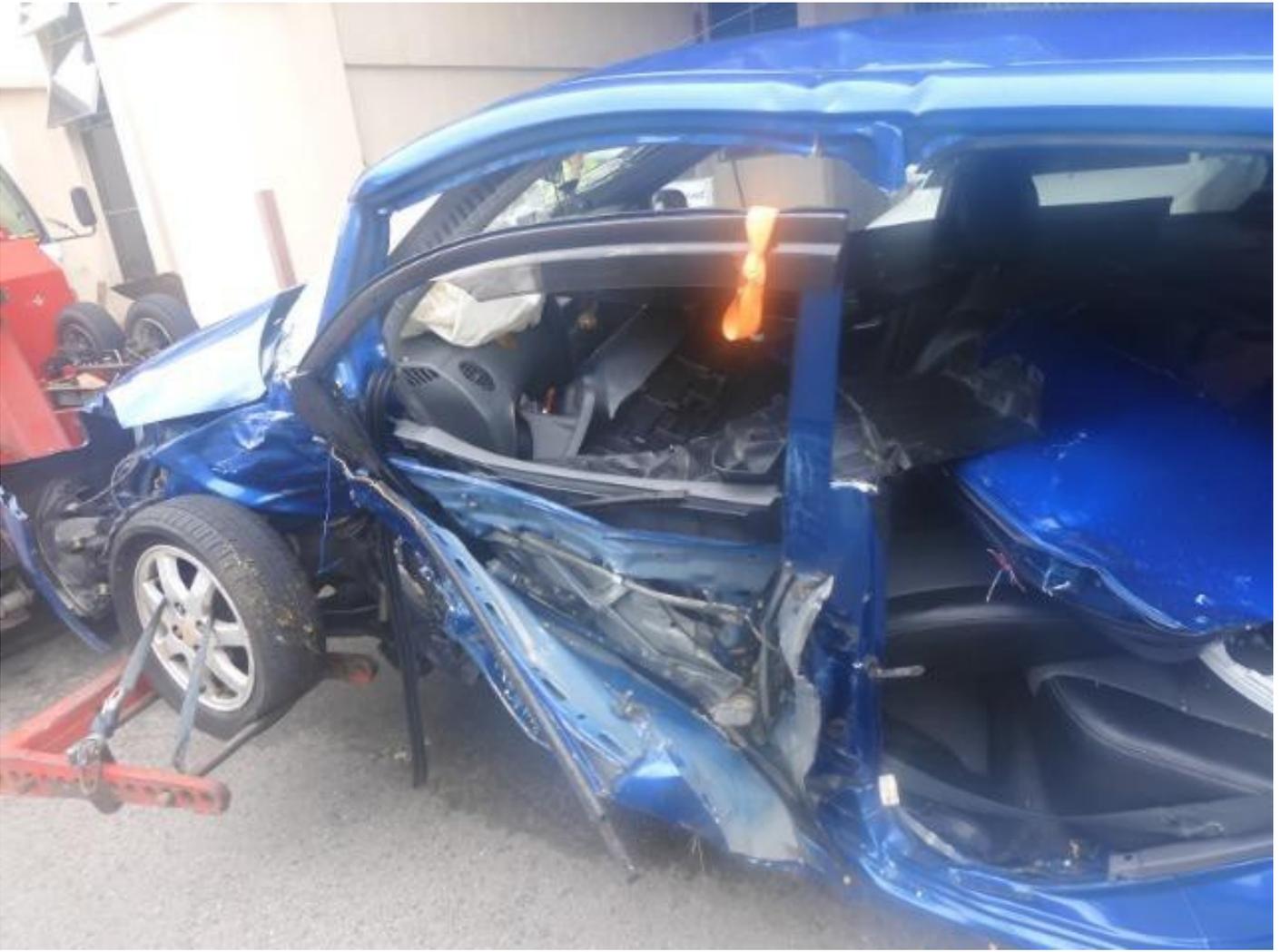
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE - ASSOCIATION D'ASSURANCE GÉNÉRALE DE SINGAPORE
300 Bras Basah Road, Singapore 189566
Tel: (65) 6334-8000 Fax: (65) 6334-8009
Operating Hours: Monday to Friday, 09:00 - 17:00
www.gia.com.sg / 65782222 / 6578222222

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : MNA120095599 Vehicle Registration No. : SJL58254
Vehicle Make and Model : Daihatsu Prasarah NRIC/FIN/Passport No. : SXXXX8672
[*Vehicle Driver/Vehicle Owner] [*] Please delete as appropriate
Address : Blk 110 Whampoa Road #05-14 Singapore (321100)
Contact (Tel) : 91695251 Mobile No. : _____
Email Address : _____
Date of Accident : 26/01/2020 Time of Accident : 08:10
Place of Accident : Junc Boundary Rd & Serangoon Ave 2
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

change to Own damaged claim

[Signature]
Policyholder / Driver's Signature
Date: _____

[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____