

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	22/10/2020 12:55
Date Of Accident	05/10/2020 06:40
Exact Location Of Accident	ANG MO KIO AVENUE 4 BLOCK 176 OPEN SPACE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7838Z
Insured/Policyholder	
Name Of Registered Owner	CS & PARTNERS TRADING COMPANY (S) PTE. LTD.
Co Reg No	2XXXXX614R
Email Address	SILASRAJSHIV17@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-82724682

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108803993-01
Cover Note Number	

Driver

Name of Driver	THANGARAJ SHIVKUMAR
NRIC No	SXXXX604E
Date Of Birth	09/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	14/06/2013
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82724682
Fax Number	
Contact Number	
Email Address	SILASRAJSHIV17@GMAIL.COM

Address	BLOCK 882 WOODLANDS STREET 82 #10-50 SINGAPORE
Postcode	730882
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU385L
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO POLICE REPORT AND ATTACHED
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)

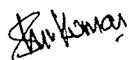
SKETCH PLAN

IMPORTANT NOTICE

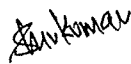
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

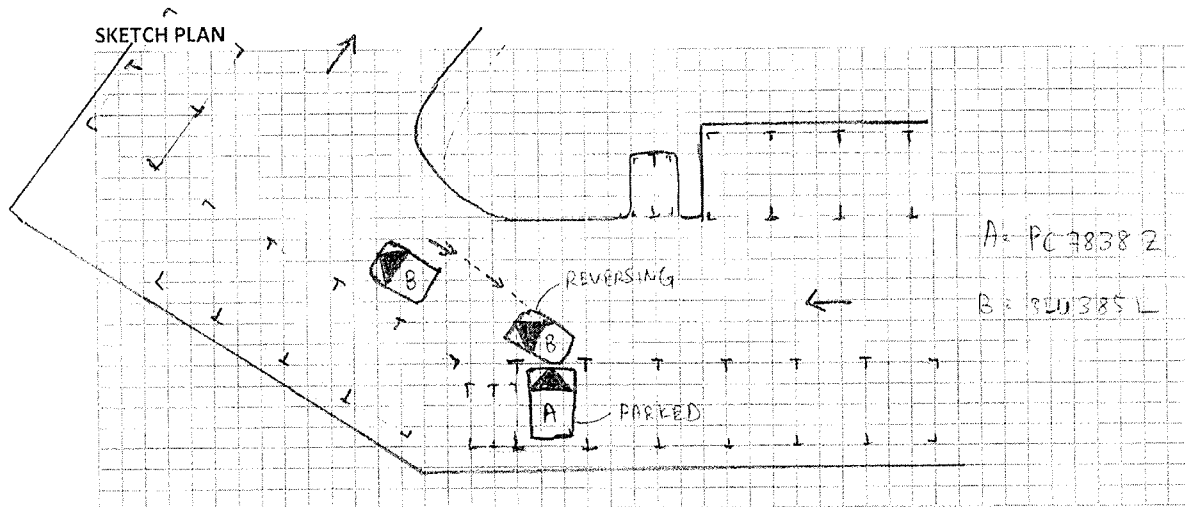


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT.

DECLARATION

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


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.:



**SINGAPORE
POLICE FORCE**



T/20201007/2042

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20201007/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2020 13:29	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: THANGARAJ SHIVKUMAR			Address: APT BLK 882 WOODLANDS STREET 82 #10-50 SINGAPORE 730882		
ID Type / ID No.: NRIC NO / S8371604E			Contact No.: Home/Office: 82724682 Mobile:		
Nationality: INDIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 09/04/1983	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/10/2020 06:00	Type of Location: Car Park
Location: ANG MO KIO AVENUE 4				
Weather:		Road Surface:	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
PC7838Z	Bus/Coach/Minibus	TOYOTA	HIACE	White	Slightly Damaged	0
SLU385L	Car					0

Details of Person Involved

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

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201007/2042

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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20201007/2042

CONTINUATION OF REPORT

Driver			
Name	THANGARAJ SHIVKUMAR		ID No. S8371604E
Related Vehicle	NIL		Contact No. 82724682
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/10/2020 at about 1400 hours, I discovered multiple scratches below the headlights on the front right side of my Toyota Hiace private bus, bearing vehicle plate number PC7838Z. I have an in-car camera and checked the recordings but could not identify the person responsible for the scratches. As such, I called for the police at around 2000 hours. A traffic police officer met me at Blk 176 Ang Mo Kio Avenue 4, where the accident took place. She took my SD card (Reference report number: F/20201005/0147) and informed me that IO Qhairil will contact me.

On 07/10/2020 at about 0940 hours, IO Qhairil informed me that he has identified the other vehicle involved in this hit-and-run accident. I am lodging this traffic police report under the advise of the IO.



**SINGAPORE
POLICE FORCE**



T/20201007/2042

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20201007/2042

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:

F /

Sgt 2 CHERYLYN GOH ZHI HUI

Cher

Signature Of Informant:

Frankman

Signature Of Interpreter:

Not applicable

Date/Time:

07/10/2020 13:29

Officer In Charge Of Case:

TP / HRT /

SI TAN JEOK LENG

Contact No.: 65476144

Classification Of Case:

Cher

Authentication Stamp

NP168