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 witholding 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	09/11/2020 11:37
Date Of Accident	29/10/2020 19:00
Exact Location Of Accident	ALONG TANJONG PAGAR ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR2866T
Insured/Policyholder	
Name Of Registered Owner	MANGUDI SRINIVASAN RAJENDRAN
NRIC No	SXXXX781J
Email Address	PREMMYBIRD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90661519
Alternative Phone No	OTHERS-94236847
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
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	REPORTING ONLY
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	5118116390
Cover Note Number	
Driver	

RAJENDRAN PREMKUMAR Name of Driver

NRIC No SXXXX825B 10/12/1989 Date Of Birth Occupation **INDOOR** Date Of Driving Pass 04/11/2014

Driving Experience 5 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90661519

Fax Number

Contact Number OTHERS-94236847

EMail Address PREMMYBIRD@GMAIL.COM

BLK 25 TELOK BLANGAH CRESCENT Address

#20-75

Postcode 090025

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

NO COLLISION Type Of Accident

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

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

NAME:

: SARAS

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201106/7018

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SME5372M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Page 2 of 21

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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 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:
 - 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:
 - 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: 9 NOV. 2020

10.17 AM .

Driver's Signature

(If driver is not the policyholder)

9 Nov Z020

10-18 AM

Name:

Accident Sketch Plan

SKETCH PLAN No Coursian Meriona DESCRIBE CIRCUMSTANCES OF THE ACCIDENT accident had am unaware an occurred. DECLARATION I/We declare the foregoing particulars are true in every respect. Mich Mr.

POLICE REPORT





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20201106/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 06/11/20	0ate/Time Report Made: 6/11/2020 16:17		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	APPROVED IN THE PARTY OF	NAME AND PROPERTY OF THE PARTY.		
RAJENI	f Informant DRAN PRE		Address: 25 TELOK BLANGAH CRES MERAH SINGAPORE 0900	SCENT #20-75 HDB-BUKIT		
	/ ID No.: 0 / S89718	25B	Contact No.: Home/Office: Mobile: 94236847			
Nationality: SINGAPORE CITIZEN		'EN	Email: premmybird@gmail.com			
Sex: Male	Age: 30	Date of Birth: 10/12/1989	Type of Informant:			
Race: Indian			Language: English	Institution / School Name:		
Occupation: IT business process consultant/business analyst		s analyst	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Government Propert		Date/Time of Accident:	Type of Location Car Park
Location:		No	29/10/2020 19:00	
TANJONG PA	AGAR ROAD			
Weather:		Road Surface:	1	Road Speed Limit:
Weather: Traffic Flow:		Road Surface: Traffic Control:		Road Speed Limit:
	ion:			Weeks Advanting the Comment

Details of V	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	ived			Office Co. Co. Co.	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLR2866T	Car	MAZDA	3	White	- Containe	2

Vehicle No.	Insurance Company	Insurance No	Estant.	de de
The state of the s	NTUC Income Insurance Co-Operative	5118116300	Effective	Expiry Date
- management	Limited	0110110390		

POLICE REPORT



T/20201106/7018

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

2 of 3 Report No. T/20201106/7018

CONTINUATION OF REPORT

Details of Perso	on Involved		Chief de Serie				
Any Pedestrian I							
No. of Pedestria			Use of Pa	Pedestrian Crossing: NA			
Passenger		10000	000011	o de de la	10103	allig. IVA	
Name	SARAS			ID No.		NIL	
Related Vehicle	SLR2866T (Car)			Conta	ict No.	81644057	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL Date				NIL		
No. of Days gran	ed Medical Leave NIL Degree			1.300			
Driver		11/2/2011	- Degree e		TAIL		
Name	RAJENDRAN PREMKUMAR		ID No.		S8971825B		
Related Vehicle	SLR2866T (Car)			Contact No.		94236847	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days grant	ted Medical Leave	NIL	Degree of				

Brief Details.

I received this TP letter (TP/IP/48109/2020) and i do not have any memory of such an accident occurred. I have all the video recordings in a USB drive. Please provide me with more information so that i am able to assist you better with this investigation. I have videos of that day to prove that i was not involved in an accident. Please contact me so that i can provide any evidence thats important.

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201106/7018

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2020 16:17
Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:

POLICE LETTER



Singapore Police Force 10, Ubi Avenue 3 Singapore 408865 Tel : 6547 0000

Fax: 6547 6259

Date: 04 Nov 2020

Your Ref :

Our Ref : TP/IP/48109/2020

MANGUDI SRINIVASAN RAJENDRAN APT BLK 25 TELOK BLANGAH CRESCENT #20-75 SINGAPORE 090025

հովիկովիդիդիկիկի

CASE OF TRAFFIC ACCIDENT INVOLVING SLR2866T ALONG TANJONG PAGAR ROAD ON 29 OCT 2020 @ 7.00 PM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc)
- Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for
- You may contact the Investigation Officer KALESWARI A/P PALANI at his / her office number: 65476902 or the supervisor TAN CHIN YONG at 65476425 if you have any further queries.
- Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (SUPT) CHIEF INVESTIGATION OFFICER INVESTIGATION BRANCH TRAFFIC POLICE

This is computer generated and does not require a signature.

A FORCE FOR THE NATION























