

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	09/11/2020 16:52
Date Of Accident	08/11/2020 06:30
Exact Location Of Accident	NEAR BLK 175 YISHUN AVENUE 7 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY5764G
Insured/Policyholder	
Name Of Registered Owner	GUSTO ENTERPRISE
Co Reg No	5XXXX446C
Email Address	SAYRAZKHAN@LIVE.COM
Mobile Phone No	(LOCAL) +65-84648400
Alternative Phone No	OFFICE-84648400
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	ATTENDING FUNERAL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115002951
Cover Note Number	
Driver	
Name of Driver	SIVAN MUTHU KUMARAN S/O NADARAJAH
NRIC No	SXXXX934H
Date Of Birth	08/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2013
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84648400
Fax Number	
Contact Number	OTHERS-84648400
Email Address	SAYRAZKHAN@LIVE.COM

Address	BLK 209 BISHAN STREET 23 #01-373
Postcode	570209
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	COLLIDED INTO PARKED VEHICLE
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)	3
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201109/2022

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	FBJ8457L
Vehicle Make/Model/Colour	
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: 09/11/20
15:13 HRS



Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

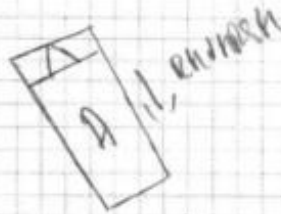
Accident Sketch Plan

SKETCH PLAN

HEAR BIK 175 YOSHINO AVE 7.

A) GY 8457L

B) FBJ8457L



B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motor lot

Refer to Police Report 7/2020/1109/2022

DECLARATION

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

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09/14/2020
Res. Unit 110

POLICE REPORT

SINGAPORE
POLICE FORCE

T/20201109/2022

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20201109/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2020 11:41	Vide Report No.: L/20201108/0194	Station Diary No.: 34
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Informant's Particulars

Name of Informant: SIVAN MUTHU KUMARAN S/O NADARAJAH			Address: APT BLK 209 BISHAN STREET 23 #01-373 SINGAPORE 570209		
ID Type / ID No.: NRIC NO / S8136934H			Contact No.: Home/Office: Mobile: 84648400		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 08/11/1981	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2020 06:30	Type of Location: Car Park
Location: YISHUN AVENUE 7				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ8457L	Motorcycle					0
GY5764G	Van					2

Details of Person Involved

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201109/2022

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20201109/2022

CONTINUATION OF REPORT

Driver			
Name	SIVAN MUTHU KUMARAN S/O NADARAJAH	ID No.	S8136934H
Related Vehicle	NIL	Contact No.	84648400
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 08/11/2020, I was attending a funeral at 175 Yishun Ave 7. I was driving my van (GY5764G) in the carpark nearby. As I was performing a 3-point turn to exit the area, I reversed into a Motorcycle Lot as there was no other space to go.

However, I was unable to see a motorcycle covered in a white-coloured canvas that was parked there. I reversed my van slowly into the lot until I felt my van bump into the motorcycle. I saw the motorcycle fall onto the ground, so I exited my vehicle to prop it back up. As the roads were congested and I was at the end of the road, I stayed there for about 15 minutes.

As the casket vehicle left the area, I followed behind it. I felt uncomfortable with taking the canvas off to check the motorcycle for any damage or to see the license plate number.

Earlier today, SIO Jey from Traffic Police instructed me to make a police report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201109/2022

3 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

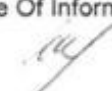
Report No. T/20201109/2022

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: A / Sgt 1 MOHAMAD FARIZUAN AMIR BIN MOHAMAD ROZAIMI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2020 11:41
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

