

## 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 30/01/2020 11:57  
 Date Of Accident 23/01/2020 19:50  
 Exact Location Of Accident STEVENS ROAD  
 Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLW3996T  
**Insured/Policyholder**  
 Name Of Registered Owner BEST MOTOR LEASING & LIMOUSINE SERVICES PTE LTD  
 Co Reg No 2XXXXX366W  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-68628878

**Vehicle Particulars**

Manufacturer TOYOTA  
 Model PRIUS ALPHA HYBRID-1.8 S CVT (A)  
 Exact Purpose for which vehicle was being used at time of accident  
 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 HIRE

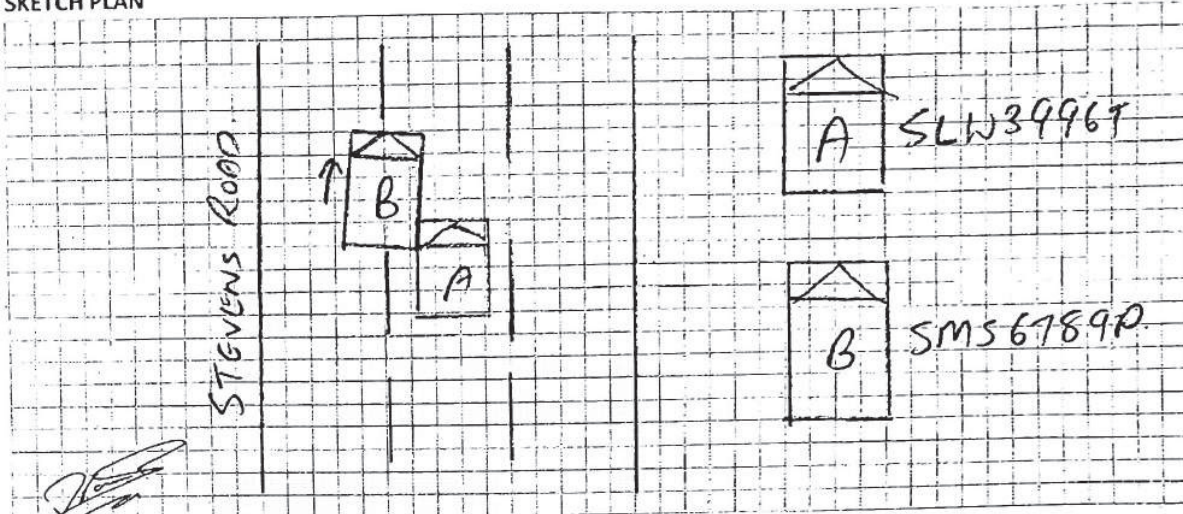
**Insurance Company**

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy YES  
 Policy Number 19-MK000836-R00  
 Cover Note Number

**Driver**

Name of Driver MATHI VANAN  
 NRIC No SXXXX954J  
 Date Of Birth 20/11/1971  
 Occupation OUTDOOR  
 Date Of Driving Pass 04/11/1994  
 Driving Experience 25 YEARS AND 2 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-86136625  
 Fax Number  
 Contact Number  
 EMail Address NOEMAIL

SKETCH PLAN



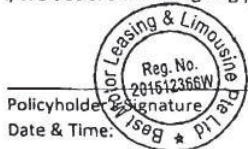
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20200124/2014.

*[Signature]*

DECLARATION

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



Policyholder's  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 30/1/2020  
0924 HRS

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



**SINGAPORE  
POLICE FORCE**



T/20200124/2014

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No. T/20200124/2014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/01/2020 09:12		Vide Report No.:		Station Diary No.: 44
<b>Informant's Particulars</b>				
Name of Informant: MATHI VANAN		Address: APT BLK 454 CHOA CHU KANG AVENUE 4 #12-113 SINGAPORE 680454		
ID Type / ID No.: NRIC NO / S7139954J		Contact No.: Home/Office: Mobile: 86136625		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 48	Date of Birth: 20/11/1971	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2020 19:50	Type of Location: Straight Road
Location: Along Road 1 STEVENS ROAD Just after Scott Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW3996T	Car	TOYOTA	PRIUS ALPHA HYBRID 1.8S CVT	Grey	Slightly Damaged	1
SMS6789P	Car	TOYOTA	NOAH HYBRID 1.8X CVT	Purple	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20200124/2014

2 of 3

Report No. T/20200124/2014

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MATHI VANAN	ID No.	S7139954J
Related Vehicle	SLW3996T (Car)	Contact No.	86136625
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Wong Wei Yang	ID No.	S8923026H
Related Vehicle	SMS6789P (Car)	Contact No.	NIL
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 23/01/2020 at about 1950hrs, I was driving along Steven Road in V1 (SLW3996T) on the middle lane.

While I was driving straight, V2 (SMS6789T) suddenly cut onto my lane. This resulted a collision between V1 and V2.

After the accident, Both of us exchanged particular and left the vicinity.

My vehicle suffered from several dent and scratches on the front bumper.

I wish to state that the driver of V2 was driving dangerously on the road thus causing the accident to happen.

I am lodging this report for record purpose.



SINGAPORE  
POLICE FORCE



T/20200124/2014

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20200124/2014

## 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:

J /

Sgt 2 SIAU JING YANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Contact No.:

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

24/01/2020 09:12

Classification Of Case: