

## 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	26/11/2020 14:32
Date Of Accident	25/11/2020 18:25
Exact Location Of Accident	ALONG JOO CHIAT ROAD BEFORE CHURCH OF SINGAPORE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3213H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KALYANASUNDER S/O K KASIVISVANATHAN
NRIC No	SXXXX227B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98424345
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MAZDA
Model	5-2.0 SP.6EAT SUNROOF (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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098029974-02
Cover Note Number	DRIVO CLASSIC

### Driver

Name of Driver	KALYANASUNDER S/O K KASIVISVANATHAN
NRIC No	SXXXX227B
Date Of Birth	09/03/1967
Occupation	INDOOR
Date Of Driving Pass	28/02/1996
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98424345
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address	10 HOUGANG ST 11 #04-31
Postcode	534080
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 - HEAD TO REAR
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?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH6085A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HAMDAN BIN AWANG
NRIC/Passport Number	
Contact Number	96470834
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	UNKNOWN
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

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

Vehicle A: 8KR3213H

Vehicle B: 6BH6085A

← Marine Parade Road

(Joo Chiat Road)

(Church of Singapore)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I vehicle 'A', 8KR3213H, was travelling along the stated venue. I signalled my intention to turn right onto the slip road in front of Church of Singapore. I was stationary whilst checking on on-coming vehicles before proceeding. About 2 seconds later, vehicle 'B', 6BH6085A, hit onto my vehicle's rear left portion.

## 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.:




Identification Card


**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S1800227B**  
Name:


**KALYANASUNDER S/O K  
KASIVISVANATHAN**

Birth Date: **09 Mar 1967**  
Issue Date: **02 Apr 2003**



 000345723D

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1800227B**




Name

**KALYANASUNDER S/O K  
KASIVISVANATHAN**

Race  
**INDIAN**

Date of Birth **09-03-1967** Sex **M**

Country of Birth  
**SINGAPORE**



Identification Card

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

**Class 3** Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

28 Feb 1996

NP 428A



Licence No: S1800227B



NRIC No. S1800227B



Blood Group

B+

Date of issue

12-09-1995

18 HOUSANG STREET 11 404-S1  
SINGAPORE 640011

NRIC No: S1800227B

Date: 30/08/2014

28871.19



Accident Photo





Accident Photo



Accident Photo



Accident Photo









Accident Photo



Accident Photo



Accident Photo

