

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 Submission	23/12/2020 15:24 (SGT)
Date of Accident	16/11/2020 17:03 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	EXIT 26A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA7458M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CLD CONSTRUCTION PTE LTD
Company Reg No	2XXXXX639W
Email Address	cdlconstruction@ymail.com
Mobile Phone No	(Phone) +65-85776579
Alternative Phone No	(Office) +65-62873251

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117502598
Cover Note Number	-

DRIVER

Name of Driver	MURUGESAN SABARINATHAN
Passport No/FIN	GXXXX585U
Date Of Birth	15/01/2000
Occupation	Outdoor

Date Of Driving Pass	01/04/2020
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85776579
Alt. Phone Number	-
Email Address	mohandino@yahoo.com.sg
Address	6 TUAS SOUTH STREET 15
Address complement	#05-06CDPL TUAS DOMITORY
Postcode	636906
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT D/20201116/7032

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	SKM2880P
Vehicle Manufacturer	Jaguar
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

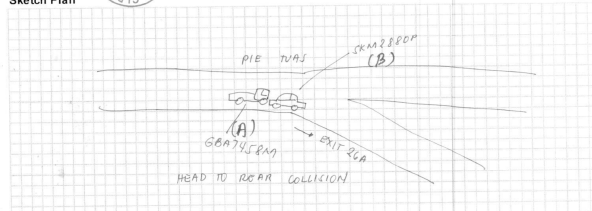
SKETCH PLAN

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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.

Policyholder's Signature / Date & Time: M. S. 22/12/20 Driver's Signature (If driver is not the policyholder) / Date & Time: 28/12/20 Witnessed by Reporting Centre Personnel: 28/12/20

Sketch Plan



Describe Circumstances of the Accident

THE VEHICLE IN FRONT OF ME JAMMED BRAKE, (CAR RABE SKM 28904)
CAUSING ME TO COLLIDE INTO HIS CAR (REAR)

POLICE REPORT 01/2020116/7082

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time: *M. G. J.* 22/12/20

Driver's Signature (if driver is not the policyholder) / Date & Time: *[Signature]* 23/12/20

Witnessed by Reporting Centre Personnel: *[Signature]* 23/12/20























**SINGAPORE
POLICE FORCE**

D/20201116/7032

1 of 1

POLICE REPORT (NP299)Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Report No. D/20201116/7032

Date/Time Report Made 16/11/2020 19:13	Vide Report No.	Station Diary No.
Name Of Informant MURUGESAN SABARINATHAN	Address 6 TUAS SOUTH STREET 15 #05-60 CDPL (TUAS) DORMITORY SINGAPORE 636906	
ID Type / ID No. FIN NO / G8777585U	Contact No. Home/Office: Mobile: 85776579	
Nationality INDIAN	Email Address mohandino@yahoo.com.sg	
Occupation Construction Worker	Sex Male	Age 20
Institution/School Name	Date of Birth 15/01/2000	Race Indian
	Language English	
Date/Time Of Incident 16/11/2020 17:03 - 16/11/2020 17:09	Location Of Incident #01-01	

Brief details.

The vehicle in front of me jammed brake, car plate number SKM 2880 P, causing me to collide into his car from the rear. My car plate is GBA 7458 M.

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: 16/11/2020 19:13
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	