

# 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 .....	29/12/2020 16:16 (SGT)
Date of Accident .....	28/12/2020 11:30 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE(TUAS)SLIP RD TO KPE (ECP)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK1408U
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TNT SURVEILLANCE PTE. LTD.
Company Reg No .....	2XXXXX424H
Email Address .....	kannusamy@tnts.com.sg
Mobile Phone No .....	(Phone) +65-94522392
Alternative Phone No .....	+65-94522392

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 - Claiming third party
Vehicle Category .....	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5115684097
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MARIAPPAN KANNUSAMY
NRIC No .....	SXXXX190I
Date Of Birth .....	01/05/1967
Occupation .....	Outdoor

Date Of Driving Pass .....	20/06/2019
Driving experience .....	1 YEAR AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94522392
Alt. Phone Number .....	-
Email Address .....	kannusamy@tns.com.sg
Address .....	BLK 108 BEDOK RESERVOIR RD
Address complement .....	#11-306
Postcode .....	470108
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	THANGARASU SAKTHIVEL
Gender .....	Male

#### PASSENGER 2

Name .....	RAJARAM ARULRAJ
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/20201228/7069

#### 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 .....	FBB4421H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MARIAPPAN KANNUSAMY
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBK1408U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	THANGARASU SAKTHIVEL
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBK1408U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	RAJARAM ARULRAJ
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBK1408U
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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: 28/12/2020

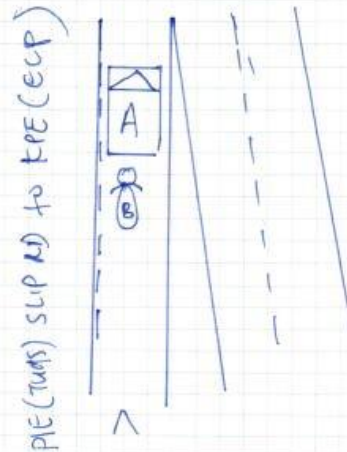
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

©GIA/MC SIGNATURE SHEET V3

SKETCH PLAN

Van A: GIBK 1408 U

Van B: FBB 4421 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report: 6/2020/1229/7069

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.:

GIASMC Sketch Plan Form v3





**SINGAPORE  
POLICE FORCE**



G/20201228/7069

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**POLICE REPORT (NP299)**

Report No. G/20201228/7069

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 28/12/2020 21:20		Vide Report No.		Station Diary No.	
Name Of Informant MARIAPPAN KANNUSAMY		Address 108 BEDOK RESERVOIR ROAD #11-306 SINGAPORE 470108			
ID Type / ID No. NRIC NO / S2754190I		Contact No. Home/Office: Mobile: 94522392			
Nationality INDIAN		Email Address KAN_NAN111@YAHOO.COM.SG			
Occupation Supervisor/General foreman (electrical and electronic trades)		Sex Male	Age 53	Date of Birth 01/05/1967	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 28/12/2020 11:30		Location Of Incident PAN ISLAND EXPRESSWAY			

**Brief details.**

On the stated date and time i vehicle GBK1408U was travelling straight on the stated venue, as the vehicle in front stopped I gradually followed, suddenly vehicle FBB4421H came and hit onto my vehicle rear portion.

The impact was so strong that my rear windscreen shattered.

I felt pain on my body and my 2 passengers were injured too, later I and 2 of my passenger proceeded to unihealth clinic bedok to seek treatment. I was given 2 days MC.

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: 28/12/2020 21:20
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

**SINGAPORE  
POLICE FORCE**

G/20201228/7069

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**POLICE REPORT (NP299)****CONTINUATION OF REPORT**

Report No. G/20201228/7069

The front passenger Thangarasu Sakthivel (G8110223L) was given 2 days MC.  
The back passenger Rajaram Arulraj (G8685019U) was given 2 days MC.

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: 28/12/2020 21:20
Officer In-Charge Of Case:	Classification Of Case:
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**SINGAPORE  
POLICE FORCE**



G/20201228/7069

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**SINGAPORE  
POLICE FORCE**

G/20201228/7069

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