

# 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 ..... 05/01/2021 14:56 (SGT)  
Date of Accident ..... 04/01/2021 14:50 (SGT)  
Exact Location of Accident ..... Tanglin Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA6062C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... J C SECURITY SERVICES  
Company Reg No ..... 52979175K  
Email Address ..... jcsecure@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-84994866  
Alternative Phone No ..... (Office) +65-84994866

### VEHICLE PARTICULARS

Manufacturer ..... Suzuki  
Model ..... Every  
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 ..... 5088378693-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MAGENDERAN S/O MARIMUTHU  
NRIC No ..... S6803349G  
Date Of Birth ..... 13/01/1968  
Occupation ..... Indoor

Date Of Driving Pass .....	11/08/2008
Driving experience .....	12 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84994866
Alt. Phone Number .....	-
Email Address .....	jcsecure@singnet.com.sg
Address .....	BLOCK 2 JALAN BUKIT MERAH #04-5144
Address complement .....	-
Postcode .....	150002
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Thomson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004529999
Alt. Police Station Phone No .....	(Fax) +65-65535740
Police Station Address .....	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT AND ATTACHED

#### 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 .....	SJP1922E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHRISTOPHER TAN YI HAO
Contact Number .....	(Phone) +65-96405959

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	REFER TO ATTACHED AND POLICE REPORT
Details of property damaged in accident .....	REFER TO ATTACHED AND POLICE REPORT
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MAGENDERAN S/O MARIMUTHU
Address .....	BLOCK 2 JALAN BUKIT MERAH #04-5144
Address Complement .....	-
Post Code .....	150002
Approximate Age Years Old .....	52
Injuries Sustained .....	REFER TO ATTACHED AND POLICE REPORT
Injured person in which vehicle? .....	GBA6062C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

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5. **Any false reporting may be referred to the Police for investigation.**
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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.



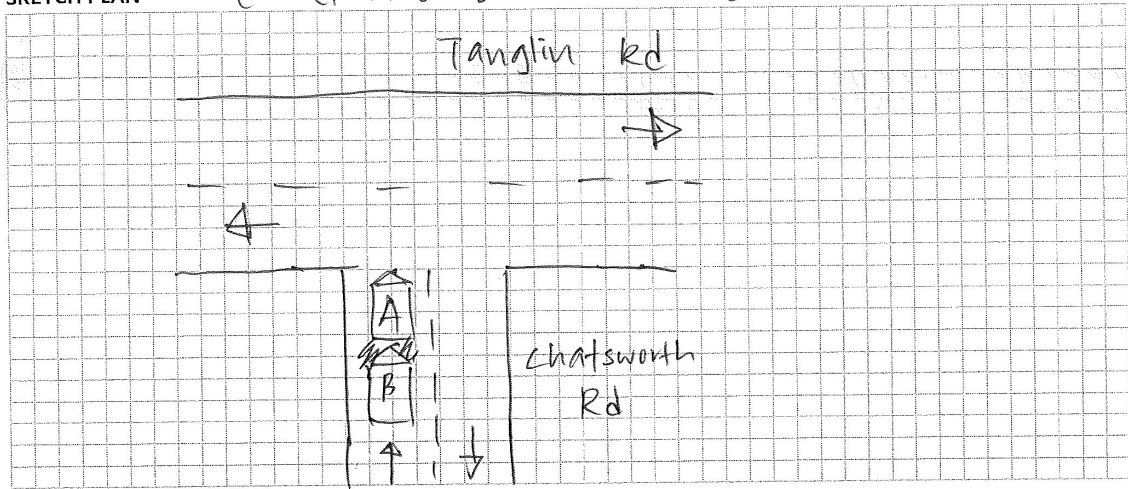
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

(A) GBA 6062 C (B) SJP1922 E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Police Report No: T/20210104/2098

\* Kindly email my GHA Report to me & my workshop  
Yee Auto. Pte. Ltd yeeautoptelt2@gmail.com

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.:

GBA/UK SketchPlanForm\_V3

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**SINGAPORE  
POLICE FORCE**



T/20210104/2098

1 of 3

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20210104/2098

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2021 17:11		Vide Report No.:		Station Diary No.: 31	
<b>Informant's Particulars</b>					
Name of Informant: MAGENDERAN S/O MARIMUTHU			Address: APT BLK 2 JALAN BUKIT MERAH #04-5144 SINGAPORE 150002		
ID Type / ID No.: NRIC NO / S6803349G			Contact No.: Home/Office: Mobile: 84994866		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 13/01/1968	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Director			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2021 14:50	Type of Location: T-Junction
Location:  TANGLIN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA6062C	Van	SUZUKI	EVERY GA 660 M	White	Slightly Damaged	0
SJP1922E	Car	KIA	CERATO FORTE 1.6(M) SX ABS D/AB 2WD 4DR	Black	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20210104/2098

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Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20210104/2098

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
GBA6062C	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MAGENDERAN S/O MARIMUTHU		ID No.	S6803349G
Related Vehicle	GBA6062C (Van)		Contact No.	84994866
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/01/2021		Date Discharge	NIL
No. of Days granted Medical Leave		05	Degree of Injury	Slight
Driver				
Name	CHRISTOPHER TAN YI HAO		ID No.	S9049457J
Related Vehicle	SJP1922E (Car)		Contact No.	96405959
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 04/01/2020 at about 1450hrs. I was driving along Chatsworth road making a left turn into Tanglin road when a vehicle (SJP1922E) behind me had knocked onto my rear. We managed to exchange particulars after the accident. I then felt pain at my right knee, right elbow and chest area as such I went to see a doctor and was given 5 days MC.



# SINGAPORE POLICE FORCE



T/20210104/2098

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Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20210104/2098

## 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:

E /

Sgt 1 KOH YONG MENG, ALVIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/01/2021 17:11

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

:70

Authentication Stamp

NP168