

# 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 ..... 19/01/2021 11:55 (SGT)  
Date of Accident ..... 18/01/2021 16:25 (SGT)  
Exact Location of Accident ..... Near 348 Tampines Street 33, Block 348, Singapore 520348  
Additional Location Information ..... Junction of Upper Changi Road North and Upper Changi Road East  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC2757G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... RAVEN TRANSPORT  
Company Reg No ..... 5XXXX236X  
Email Address ..... rave\_gom@hotmail.com  
Mobile Phone No ..... (Phone) +65-96826224  
Alternative Phone No ..... +65-87273762

### 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 ..... Bus

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5118702805  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Raventhiran S/O Ramchandran  
NRIC No ..... SXXXX202Z  
Date Of Birth ..... 15/06/1962  
Occupation ..... Outdoor

Date Of Driving Pass .....	20/08/1990
Driving experience .....	30 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87273762
Alt. Phone Number .....	-
Email Address .....	rave_gom@hotmail.com
Address .....	Block 450 Hougang Avenue 10
Address complement .....	#07-539
Postcode .....	530450
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 - Cross Junction
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) .....	12
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Student
Gender .....	Male

#### PASSENGER 2

Name .....	Student
Gender .....	Male

#### PASSENGER 3

Name .....	Student
Gender .....	Male

#### PASSENGER 4

Name .....	Student
Gender .....	Male

#### PASSENGER 5

Name .....	Student
Gender .....	Female

#### PASSENGER 6

Name .....	Student
Gender .....	Female

#### PASSENGER 7

Name .....	Student
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
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Police Station Name .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report:- T/20210119/2019

#### 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 .....	YQ8899K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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

## 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 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.
- 6. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

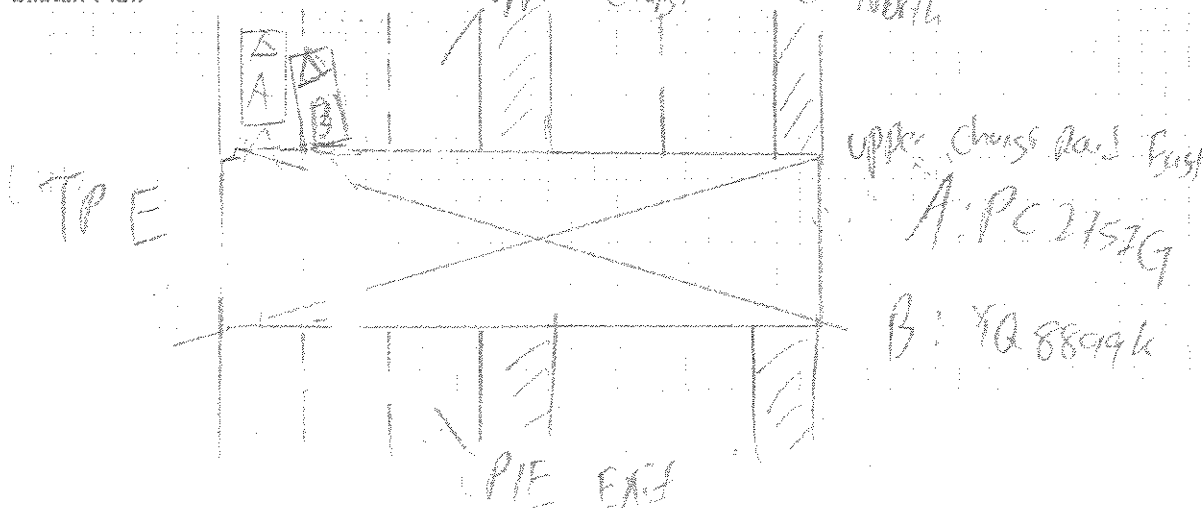


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police report - 7/20210119/2009

Declaration

We declare the foregoing particulars are true in every respect



*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

Driver's Signature (if driver is not the policyholder) / Date & Time

19/01/2021 01:50h

*[Signature]*

Witnessed by Reporting Centre Personnel















CHASSIS NO.	:	JTFST22PX00020415
UNLADEN WT.	:	2200 KG
MAX. LADEN WT.:	:	3250 KG
PASSENGER CAP.:	:	1 DRIVER 13 OTHER
TYRE SIZE	:	(F) 145 R 156 106/1045 (R) 196 R 156 106/1045





**SINGAPORE  
POLICE FORCE**



T/20210119/2019

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20210119/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/01/2021 10:27	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars			
Name of Informant: RAVENTHIRAN S/O RAMCHANDRAN		Address: APT BLK 450 HOUGANG AVE 10 #07-539 SINGAPORE 530450	
ID Type / ID No.: NRIC NO / S1541202Z		Contact No.: Home/Office: Mobile: 87273762	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 15/06/1962	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/01/2021 16:25	Type of Location: X-Junction
Location:  UPPER CHANGI ROAD NORTH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2757G	Bus/Coach/Minibus (School Children)				Seriously Damaged	11
YQ8899K	Lorry				No Damage	0





SINGAPORE  
POLICE FORCE



T/20210119/2019

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Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No: T/20210119/2019

## CONTINUATION OF REPORT

**Brief Details.**

On 18/01/2021 at about 1625hrs, I was at the junction of Upper Changi Road North and Upper Changi Road East below the TPE flyover with my vehicle (PC2757G). I was travelling on the third lane towards Upper Changi Road North when another vehicle (YQ8899K) side swipe onto the right side of my vehicle. I checked with all the children passengers on board of my vehicle and all of them informed that they are not injured. Both the driver and I stopped our vehicle, exchanged particulars and took photos of the damages before the other driver left the scene. I also wait for another vehicle to pick up all the children passengers before I leave the scene.

I would like to informed that there is a dash cam installed in my vehicle however, it is not recording at the point of the accident. I would also like to informed that I did not sustain any injuries from the accident.



**SINGAPORE  
POLICE FORCE**



T/20210119/2019

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3


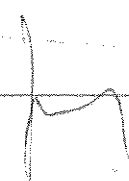
Report No. T/20210119/2019

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: F / Sgt 2 LIM JIT WEI, JOEL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/01/2021 10:27
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: 
Authentication Stamp NP168	