SV0K211K0008 / VICOM LTD (VAC) - Bukit Batok [659545] ENTRY DATE & TIME: 20/01/2021 15:54 (SGT) SUBMITTED BY: Somanathan Thangavelloo VERSION: 1 (20/01/2021 15:54 (SGT))

# **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 witholding 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.

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   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 20/01/2021 15:54 (SGT) Date of Accident 10/01/2021 07:20 (SGT) Exact Location of Accident Singapore Additional Location Information **UPPER SERANGOON ROAD** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBD5993G

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SATYARAM PTE LTD Company Reg No **Email Address** SALES@SATYARAMPL.COM Mobile Phone No (Phone) +65-91444401 Alternative Phone No (Office) +65-91444401

## VEHICLE PARTICULARS

Manufacturer Nissan Model Nv350 Variant Exact purpose for which vehicle was being used at time of **Employment** accident 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 India International Type of Coverage Comprehensive Fleet Policy Policy Number D20MCV0000191\_01 Cover Note Number

## DRIVER

Name of Driver K RAMASHAMY NRIC No S1767632F Date Of Birth 29/09/1966 Occupation Outdoor

Date Of Driving Pass 22/06/1988 Driving experience 32 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-91444401 Alt. Phone Number Email Address SALES@SATYARAMPL.COM Address APT BLK 109 TECK WHYE LANE #02-566 Address complement Postcode 680109 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions **DRIZZILING** Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name VFIIAN Gender Male PASSENGER 2 Name **KALAI** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865

Was notice of intended Prosecution given? No

If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

# REFER TO POLICE REPORT

## 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	EN6677A
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
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

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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.

Gland

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singspore 659545
Tel: 6560 3312 Fax: 6559 0722
Email: vachb@alngnet.com.eg

Witnessed by Reporting Centre Personnel

Sketch Plan

Policyholder's Signature / Date &

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B-EN6677A

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## 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

IDAC BUKIT BATOK (VAC) 511 Bukit Batok Street 23 Singapore 659848 Tel: 6580 3312 Fax: 5569 0722 Email: vacbb@ringhet.com.ap

Witnessed by Reporting Centre Personnel





















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20210110/7018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2021 18:37		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
Name of Informant: K RAMASHAMY		Address: 109 TECK WHYE LANE #02-566 SINGAPORE 680109			
ID Type / ID No.: NRIC NO / S1767632F		Contact No.: Home/Office:	Mobile: 91444401		
Nationali SINGAP	ty: ORE CITIZ	'EN	Email: SATYARAM@LIVE.CO	DM	
Sex: Male	Age: 54	Date of Birth: 29/09/1966	Type of Informant: Driver		
Race: Indian		Language: English	Institution / School Name:		
Occupation: self employed		Driving Licence Inform Class: 3	ation: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/01/2021 07:3	Type of Location T-Junction
Location: upper serang	oon			
Weather:		Road Surface:	- non-ellowing ethics	Road Speed Limit:
		Wet		60 Km/h
Weather: Raining Traffic Flow: One Way			orking	and the second s

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD5993G	Van	NISSAN	NV300	Brown	Slightly Damaged	2
	Car				Slightly Damaged	0



Report No. T/20210110/7018

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

# CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			HANDSON ST
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	MSIG INSURANCE (SINGAPORE) PTE, LTD.	D20MCV0000191_ 01	01/01/2021	31/12/2021

Any Pedestrian Ir	volved: No					
No. of Pedestrian	And the second s	Use of Pe	Use of Pedestrian Crossing: NA			
Driver	o injuros. Mil		OF STATE			
Name	K RAMASHAMY		ID No.		S1767632F	
Related Vehicle	GBD5993G (Van)		Contact No.		91444401	
Hospital/Clinic	NIL			of ng ce &	Class: 3 Date of Expiry: NIL	
Date	NIL Date		NIL			
No. of Days gran				f NIL		
Passenger						
Name	VELLAN		ID No	Э.	NIL	
Related Vehicle	GBD5993G (Van)		Contact No.		85894067	
Hospital/Clinic	NIL		Class Drivin Licer Expir	ng ice &	Class: NIL Date of Expiry: NIL	
Date	NIL Date		NIL			
No. of Days gran	1112			NIL		
Passenger						
Name	KALAI		ID No.		NIL	
Related Vehicle	GBD5993G (Van)		Contact No.		88160406	
Hospital/Clinic	NIL		Class Drivin Licer Expir	ng nce &	Class: NIL Date of Expiry: NIL	
Date	NIL	Date		NIL		
ED 2018 OF	ed Medical Leave NIL Degree o			NIL		





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4 Report No. T/20210110/7018

CONTINUATION OF REPORT

## Brief Details.

Happened at the junction of upper serangoon and braddell road. I was driving my van towards braddell road on green signal. A white car came from the left which is upper serangoon road and hit me at the rear left side of my vehicle. I moved ahead and stopped at braddell road to check for damage as well as to prevent further traffic collision. As i got off to check, the driver drove off very fast without stopping. I could only notice the colour of the vehicle which is white. 2 other people were with me in my vehicle. As it happened at the side of my vehicle, I do not have any picture or video of the incident. I do only have a picture of my vehicle's damage.



T/20210110/7018

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20210110/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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 exquired.
Signature Of Interpreter: Not applicable	Date/Time: 10/01/2021 18:37
Officer In Charge Of Case: TP / TPIB / KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

NP168