

# 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 ..... 26/01/2021 15:14 (SGT)  
Date of Accident ..... 24/01/2021 05:00 (SGT)  
Exact Location of Accident ..... Tuas S Blvd, Singapore  
Additional Location Information ..... TURN INTO 80 TUAS SOUTH BOULEVARD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC1799S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SETSCO SERVICES PTE LTD  
Company Reg No ..... 196900269D  
Email Address ..... yongll@setsco.com  
Mobile Phone No ..... (Phone) +65-96704097  
Alternative Phone No ..... (Office) +65-68950660

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... India International  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D20MFL0000795  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... RAMACHANDRAN MOORTHY  
Passport No/FIN ..... G7699479Q  
Date Of Birth ..... 17/03/1981  
Occupation ..... Outdoor

Date Of Driving Pass .....	21/06/2017
Driving experience .....	3 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96704097
Alt. Phone Number .....	-
Email Address .....	moortymoorty450@gmail.com
Address .....	BLK 62 TEBAN GARDEN ROAD
Address complement .....	-
Postcode .....	600032
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 .....	Side Swipe
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) .....	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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT AND 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 .....	GBG4618G
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MUHAMMAD IDZHAR BIN MOHD ISHAK
Passport No/FIN .....	G8962893N

Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

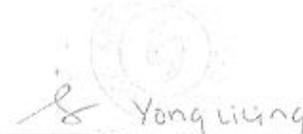
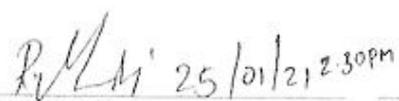
SKETCH PLAN

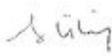
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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: 26/11/21	 Driver's Signature (If driver is not the policyholder) Date & Time:	 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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\* Setso hereby authorised the driver Ramachandran Moorthi (67699479Q) to make an accident report with SPARK on 25/11/21. 





## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-007800-X  
 64 | Cecil Street | #04 | #05 | #06-02 | IIBB Building | Singapore 059711  
 Office: (65) 63476100 Email: insure@iil.com.sg  
 Fax: (65) 62244174 Website: www.iil.com.sg

## THE SCHEDULE

Agency : COMFORTDELGRO INSURANCE BROKERS PTE LTD/B000018  
 Policy Number : D20MFL0000795  
 Issued on : 23 Jan 2020 in Singapore (SIF)  
 Type of Policy : Motor Fleet - Public Bus (SG)

Period of Insurance : 01 Jan 2020 to 31 Dec 2020 both dates inclusive  
 Insured's Name : SETSCO SERVICES PTE LTD  
 Address : 18 TEBAN GARDENS CRESCENT  
 SINGAPORE  
 608925

Nature of Business : PRINCIPALLY BUT NOT LIMITED TO TESTING LABORATORY,  
 INSPECTIONS AND OTHER RELATED BUSINESS.

Premium Due : SGD 8,305.00  
 7% GST : SGD 581.35  
 Total Premium Due : SGD 8,886.35

PREMIUM IS NETT OF FLEET DISCOUNT.

## Risk No. 001

Registration : PA9177U  
 Type of Cover : Comprehensive  
 Make/Model : TOYOTA/HIACE COMMUTER  
 No of Seats : 12  
 Body Type : BUS  
 Tonnage : 1.2  
 Year of Manufacture : 2009  
 Capacity cc's : N.A  
 Engine No. : 1KD1974992  
 Chassis No. : JTFJT02P100001297  
 Hire Purchase : N.A  
 Risk Gross Premium : SGD 1,320.00

SUM INSURED : MARKET VALUE AT TIME OF LOSS

EXCESS: S\$750/- SECTION I FOR INSURED'S EMPLOYEES & AUTHORISED DRIVERS & ADDITIONAL OF S\$2,000/-  
 SECTION I FOR DRIVERS AGED BELOW 21 YEARS &/OR THE HOLDER OF A PROVISIONAL DRIVING LICENCE.

## Risk No. 002

Registration : PC1799S  
 Type of Cover : Comprehensive  
 Make/Model : NISSAN/NV350 MICROBUS 2.5 4DR 5MT ABS DRIVER AB  
 No of Seats : 11  
 Body Type : BUS  
 Tonnage : 1.2  
 Year of Manufacture : 2013  
 Capacity cc's : N.A  
 Engine No. : YD25335386A  
 Chassis No. : JN1TC2E26Z0000568  
 Hire Purchase : N.A  
 Risk Gross Premium : SGD 1,320.00

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**SINGAPORE  
POLICE FORCE**



T/20210125/2037

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210125/2037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2021 13:01		Vide Report No.:		Station Diary No.: 70	
<b>Informant's Particulars</b>					
Name of Informant: RAMACHANDRAN MOORTHY			Address: APT BLK 62 TEBAN GARDENS ROAD #22-627 TEBAN PLACE SINGAPORE 600062		
ID Type / ID No.: FIN NO / G7699479Q			Contact No.: Home/Office:                      Mobile: 96704097		
Nationality: INDIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 17/03/1981	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: NDT INSPECTOR			Driving Licence Information: Class: 2B,3		Date of Expiry: 29/04/2021

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/01/2021 05:00	Type of Location: Straight Road
Location:  TUAS SOUTH BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG4618G						0
PC1799S						0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE  
POLICE FORCE



T/20210125/2037

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210125/2037

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD IDZHAR BIN MOHD ISHAK	ID No.	G8962893N
Related Vehicle	GBG4618G	Contact No.	NIL
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
Driver			
Name	RAMACHANDRAN MOORTHY	ID No.	G7699479Q
Related Vehicle	PC1799S	Contact No.	96704097
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 29/04/2021
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/01/2021 at about 0500hrs, I was driving V1) PC1799S along Tuas South Boulevard. As I was planning to make a right turn into 80 Tuas South Boulevard, I noticed that there was no on-coming traffic hence I proceeded to make the right turn to enter the said location. As I was making the right turn, I suddenly felt an impact from the left and the other vehicle collided onto a wall before coming to a stop. I then went to the said vehicle V2) GBG4618G and the driver mentioned that he was not injured. I then requested for his particular however the driver refused to provide. A guard then came and provided assistance and i was given the driver's details.

I wish to state that prior to making the right turn, i did not noticed any lights or vehicle approaching hence I proceeded to make the right turn. I do not have any In-car camera installed on my vehicle.



SINGAPORE  
POLICE FORCE



T/20210125/2037

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3 of 3

Report No. T/20210125/2037

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: J/ Sgt 2 NG WEI LIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2021 13:01
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 126
Authentication Stamp NP168	Signature: 

Singapore Police Force