



SINGAPORE POLICE FORCE



T/20210225/2057

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20210225/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2021 15:18		Vide Report No.:		Station Diary No.: 70	
Informant's Particulars					
Name of Informant: SHANMUGAM SATHASIVAM			Address: APT BLK 304 JURONG EAST STREET 32 #08-124 HONG KAH EAST GARDEN SINGAPORE 600304		
ID Type / ID No.: FIN NO / G7273817P			Contact No.: Home/Office: Mobile: 83658225		
Nationality: INDIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 21/06/1980	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION SUPERVISOR			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident					
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2021 11:20	Type of Location: T-Junction	
Location: ARAB STREET					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:	
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
GBK365R	Lorry	TOYOTA	DYNA 150 5MT	Silver	Slightly Damaged	1
SMU8839E	Car	TOYOTA	COROLLA AXIO 1.5X A	Blue	Slightly Damaged	0



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CONTINUATION OF REPORT

Brief Details.

On 26/01/2021 at about 1120hrs, I was driving along Arab St turning left into Queens St. It was a two way street however only one lane each. As I was turning left, one car(SMU8839E) tried to overtake me on the left to go straight as such collided with the left part of my lorry. No one was injured. I had 1 passenger and the other car had no passenger. We exchanged particulars and wanted to settle it through insurance claim. However my insurance company has advised me to lodge a police report for record purpose. That is all.



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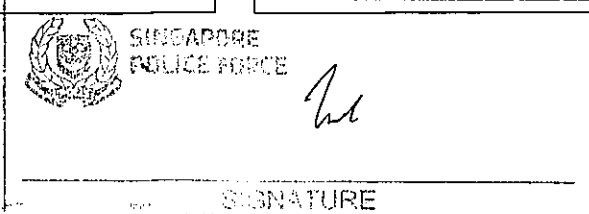
Report No. T/20210225/2057

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: A / Sgt 2 MUHAMMAD RUSYDI BIN MOHD YUSOFF 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2021 15:18
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DSMCA: Am

MOTOR ACCIDENT REPORT

Date Of Report: 26-01-2021 Time: 14:20 Date Of Accident: 26-01-2021 Time: 11-20Exact Location Of Accident: Arab StreetCountry/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: GBK 365 R Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: 200902F27CName Of Registered Owner: Tae Hwa Geological Engineering PteMobile Number: 8365 8225 Alternative No: Email Address: TAEHWA SATHA@gmail.com

Vehicle Particulars:

Manufacturer: Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model: Dyna 150 1.7Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒Vehicle Category: Private Car ☐ Commercial Vehicle ☐ Others ☐

Insurance Company:

Name of Insurance Company: AIGType Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: 1900247426

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: SATHA SIVAM NRIC/ Passport / FIN No: G.7213817PDate Of Birth: 21/06/1980 Occupation: Indoor ☐ Outdoor ☐Date Of Driving Pass: 26-11-2014 Gender: Male ☐ Female ☐Mobile Number: 8365 8225 Fax No: Alternative No:Address: BLK - 304 - Juhong Street 32 - 08-124 Postal Code: 600204

Email Address:

Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured:

Vehicle Registration Number of Driver's Own Vehicle (if applicable):

Insurance Company of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident:

Number of Passengers in the above vehicle (Including Driver): 2 / If more than 2 Pax Please fill ANNEX B

PASSENGER 1

Name: LEE KYONG JAE Gender: Male ☐ Female ☐Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):Was any body injured in the Accident? No ☒ Yes ☐Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:

Number of vehicles involved in the accident:

Was there any witness? No ☒ Yes ☐ If yes, please furnish witness details column below

Witness Name: Contact No.: Email:

Was there any other vehicle or property damaged? No ☒ Yes ☐Was there any video captured by Car Camera? No ☒ Yes ☐ Are accident scene photos available for attachment? No ☐ Yes ☒Was the accident reported to the police? No ☒ Yes ☐ (If yes, please state which Police Station):Was notice of intended Prosecution given? No ☐ Yes ☐ (If yes, please state against whom):I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☐ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: SMU 8839E Vehicle Make/Model/Colour:

Details Of Properties Damage in Accident:

Vehicle Category:

Name of Driver: Muhammad Salim Shahrinuraz s/o Mohamed NoorNRIC/Passport/FIN Number: 18742763C Contact Number: 91478007

Address: Postal Code:

Insurance Company Name:

Nature Of Damage: No. Of Passenger (Including Driver):

After signal and my car turning from Arab street into Queen St, car B suddenly speed up and overtakes my car from behind. Hence car B right rear hit onto my vehicle front left portion.

I/We declare the foregoing particulars are true in every respect.

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

SKETCH PLAN

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. 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 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.: _____



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Phanmagan Pathasivan
VEHICLE NUMBER : GBK 365 R
DATE/TIME OF ACCIDENT : 26.1.2021 @ 11.20
PLACE OF ACCIDENT : Armb Street.
THIRD PARTY VEHICLE (IF ANY) : SMU # P39 E

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from North Bridge Rd to Queen St.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Side Swipe Same Direction.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No.

[Signature]

Name:

I Affirmed The Above Information Is Given To My Best Knowledge.