

# 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 ..... 03/02/2021 17:35 (SGT)  
Date of Accident ..... 02/02/2021 18:30 (SGT)  
Exact Location of Accident ..... Cairnhill Cir, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJL7617T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MPV RENTAL  
Company Reg No ..... 5XXXX511L  
Email Address ..... FCGARAGE.CLAIMS@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97847689  
Alternative Phone No ..... +65-97847689

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5114309148-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MAHENDRAN S/O SUNDRA  
NRIC No ..... SXXXX381C  
Date Of Birth ..... 13/09/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/02/2009
Driving experience .....	12 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90611824
Alt. Phone Number .....	-
Email Address .....	FCGARAGE.CLAIMS@GMAIL.COM
Address .....	BLK 661 WOODLANDS RING ROAD #05-148
Address complement .....	-
Postcode .....	730661
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Wet

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	-
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Eunos Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004439999
Alt. Police Station Phone No .....	(Fax) +65-62444376
Police Station Address .....	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210203/2075

#### 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 .....	SMQ741B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MAHENDRAN S/O SUNDRA
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SJL7617T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

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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.

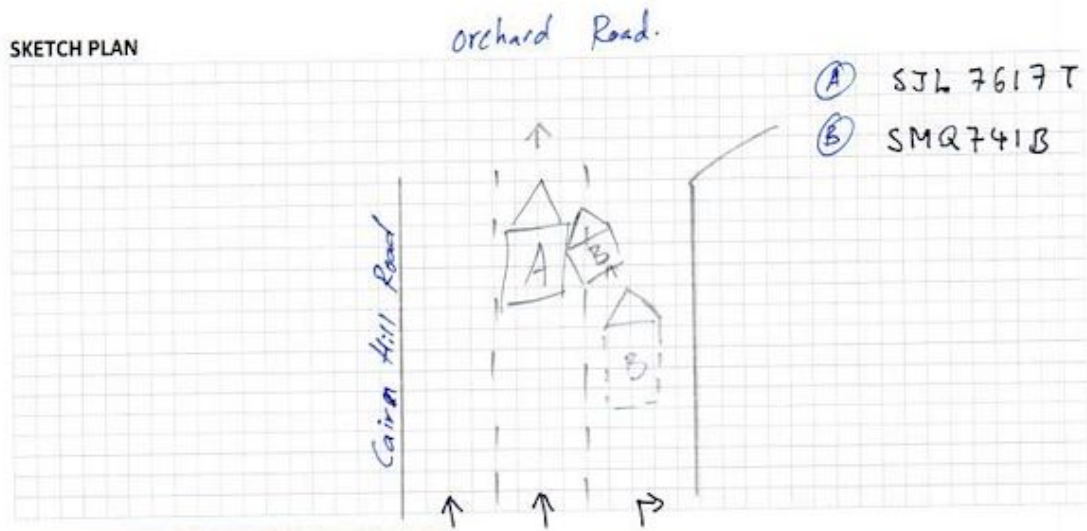


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report

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.:























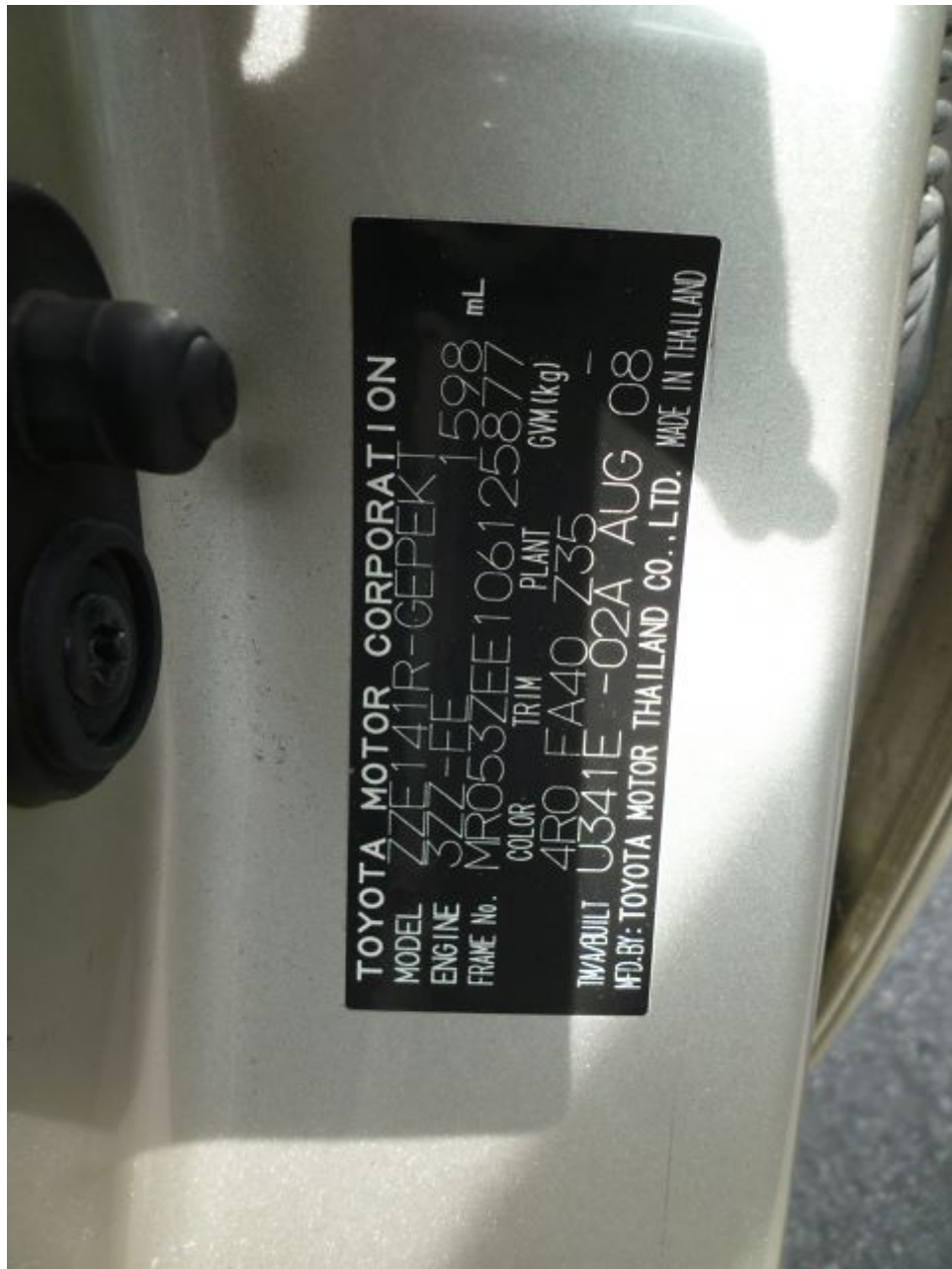














**SINGAPORE  
POLICE FORCE**



T/20210203/2075

1 of 3

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20210203/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/02/2021 14:27		Vide Report No.:		Station Diary No.: 10	
<b>Informant's Particulars</b>					
Name of Informant: MAHENDRAN S/O SUNDRA			Address: APT BLK 783D WOODLANDS RISE #05-27 SINGAPORE 734783		
ID Type / ID No.: NRIC NO / S8530381C			Contact No.: Home/Office: Mobile: 90611824		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 13/09/1985	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/02/2021 18:30	Type of Location: Straight Road
Location:  CAIRNHILL CIRCLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL7617T	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Beige	Seriously Damaged	1
SMQ741B	Car	BLUECAR	BLUECAR	White	Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
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Police Station Of Origin:  
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629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999



T/20210203/2075

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Report No. T/20210203/2075

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MAHENDRAN S/O SUNDRA		ID No. S8530381C
Related Vehicle	SJL7617T (Car)		Contact No. 90611824
Hospital/Clinic	MILLENNIUM MEDICAL GROUP		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	02/02/2021		Date Discharge 02/02/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 2/2/2021 at around 1830hrs I was driving my vehicle bearing plate number (SJL7617T) along Cairnhill Circle with one of my Grab Passengers. I was travelling on the second lane, another vehicle bearing plate number (SMQ741B) who was travelling on the first lane which is a turn right only lane suddenly swerved to the left and hit onto the right side of my vehicle. Both of us then stopped our vehicles and exchanged particulars. I wish to state that all the claims will be done by insurance. The other driver also did not tell me if he was injured, however he was also with another passenger.

I wish to further state that due to the impact of the hit, I suffered pain on my right shoulder and right knee. I then went to see a doctor namely Millennium Medical Group and have gotten 5 days MC. My Grab Passenger then told me that she is not injured.

The other driver then told me that he would lodge an traffic accident report, and therefore I am also lodging this report and also to file to insurance. I also further wish to inform that no police or ambulance attended to any of us.

Damages to my vehicles as follows:  
Scratches on the right side of my vehicle  
Right rear bumper dislodged





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POLICE FORCE**



T/20210203/2075

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Tel No: 1800-4439999

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Report No. T/20210203/2075

**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:

G /

Sgt 1 WONG KOK WAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/02/2021 14:27

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

