

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 13/02/2021 20:30 (SGT)
Date of Accident 12/02/2021 12:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information KIM KEAT LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM6513L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SUNDRUM S/O RAMACHANDRA
NRIC No S1751126B
Email Address MGRSUNDRUM@GMAIL.COM
Mobile Phone No (Phone) +65-90273595
Alternative Phone No +65-90273595

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5115994025
Cover Note Number -

DRIVER

Name of Driver SUNDRUM S/O RAMACHANDRA
NRIC No S1751126B
Date Of Birth 02/08/1966
Occupation Indoor

Date Of Driving Pass	16/11/1990
Driving experience	30 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90273595
Alt. Phone Number	+65-90273595
Email Address	MGRSUNDRUM@GMAIL.COM
Address	BLK 247 KIM KEAT LINK
Address complement	#08-29
Postcode	310247
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head on collision
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MAHLINA
Gender	Female

PASSENGER 2

Name	NITHYA SHREE
Gender	Female

PASSENGER 3

Name	KALA DEVI
Gender	Female

PASSENGER 4

Name	SRI GAYATHRI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA88Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1


SKETCH PLANIMPORTANT 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: 13/02/2021
 1400HRS

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


 Reporting Centre Personnel's Signature
 Name: SHAN
 NRIC/FIN No.: S990349

DECLARATION



DECLARATION

Policyholder's Signature

Driver's Signature _____

Date & Time:

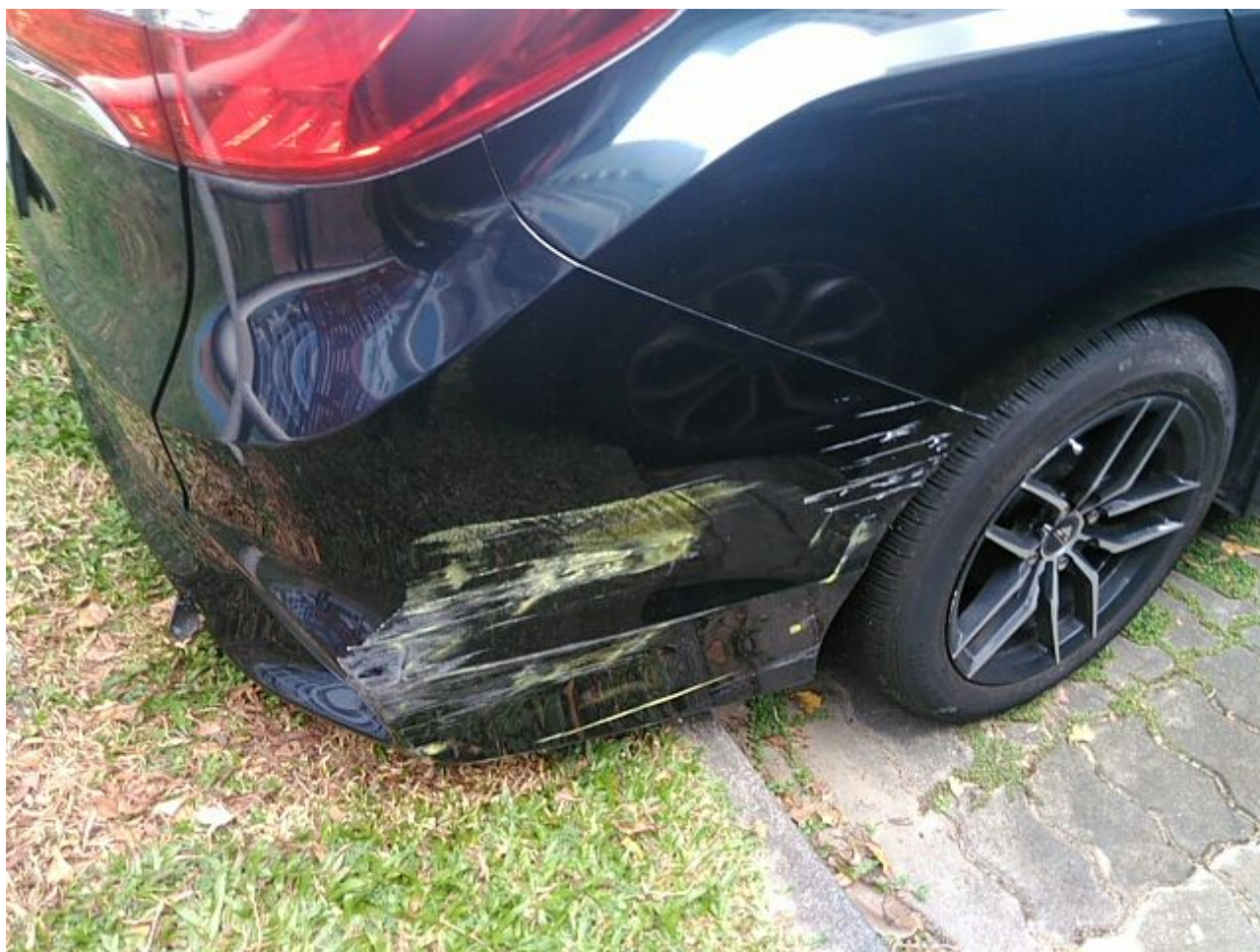
Reporting Centre Personnel's Signature

NRIC/FIN No.: 5990349



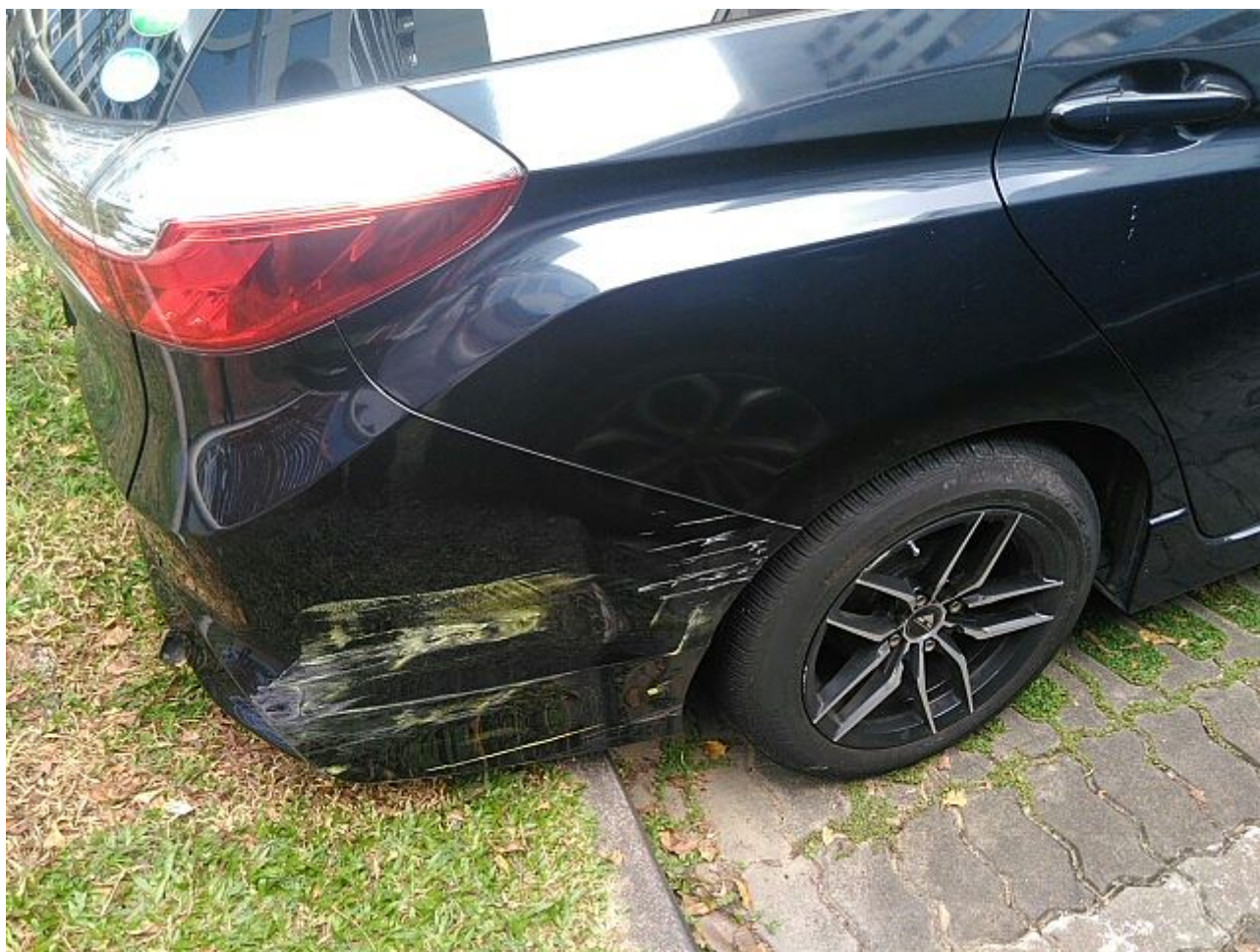























**SINGAPORE
POLICE FORCE**


T/20210212/2036

1 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20210212/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2021 15:47	Vide Report No.:	Station Diary No.: 58
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SUNDRUM S/O RAMACHANDRA			Address: APT BLK 247 KIM KEAT LINK #08-29 SINGAPORE 310247	
ID Type / ID No.: NRIC NO / S1751126B			Contact No.:	Mobile: 90273595
Nationality: SINGAPORE CITIZEN			Email: mgrsundrum@gmail.com	
Sex: Male	Age: 54	Date of Birth: 02/08/1966	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: HR			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/02/2021 12:00	Type of Location: SERVICE ROAD INFRONT OF BLK 248 KIM KEAT LINK
Location: KIM KEAT LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
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
SHA88Y	TAXI	HYUNDAI	SONATA	Yellow	Slightly Damaged	0
SLM6513L	Car	HONDA	SHUTTLE 1.5G A	Blue	Slightly Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------


**SINGAPORE
POLICE FORCE**


T/20210212/2036

2 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20210212/2036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM6513L	NTUC Income Insurance Co-Operative Limited	5115994025	03/04/2020	02/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	MAHLINA	ID No.	NIL
Related Vehicle	SLM6513L (Car)	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
Passenger			
Name	NITHYA SHREE	ID No.	NIL
Related Vehicle	SLM6513L (Car)	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	SUNDRUM S/O RAMACHANDRA	ID No.	S1751126B
Related Vehicle	SLM6513L (Car)	Contact No.	90273595
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



SINGAPORE POLICE FORCE



T/20210212/2036

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 4

Report No. T/20210212/2036

Passenger			
Name	KALA DEVI	ID No.	NIL
Related Vehicle	SLM6513L (Car)	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
Passenger			
Name	SRI GAYATHRI	ID No.	NIL
Related Vehicle	SLM6513L (Car)	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

Brief Details.

I am working as an HR and I am the rightful owner of vehicle SLM6513L, blue Honda Shuttle. On 12/02/2021 at about 12.00pm, I was driving my car travelling along the service road of my open space carpark, heading towards the Kim Keat Link exit. There were a total of four passengers in my car; my wife, my two daughters and my maid. Upon driving past Blk 248 Kim Keat Link with a relatively slow speed, suddenly one taxi dashed out from the right and knocked onto the right side of my car. Immediately I stopped my car and at the same time told everyone to step out. Upon making a check, I discovered the lower right rear as well as the right rear bumper of my car dented and scratched. The said taxi bearing registration number SHA88Y, is a yellow Hyundai Sonata from ComfortDelgro. Its front fender dented in as well as scratches on the left side and the front registration number fell off. The taxi driver is a male Chinese whom appeared to be uncooperative as he refused to exchange his particulars. I wish to state that at the moment, only my maid had a swollen forehead and my wife will be bringing her to see a doctor. I have also notified my insurance company and they advised me to file for a Police report. I have an in-car camera installed. I further wish to state that the said taxi parked in a parking lot opposite lot no 161. I am lodging this Traffic Accident Report to facilitate me in making insurance claim.

**SINGAPORE
POLICE FORCE**

T/20210212/2036

4 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20210212/2036

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:

E /

Sr Staff Sgt ZAINAL ABIDIN BIN AMAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/02/2021 15:47

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

SN 168

Authentication Stamp

NP168


SIGNATURE