

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 16/02/2021 15:13 (SGT)
Date of Accident 11/02/2021 18:35 (SGT)
Exact Location of Accident Corporation Rd, Singapore
Additional Location Information SLIP ROAD TOWARDS LAKE POINT CONDO
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH2817M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VELAYUTHAM S/O KUPPUSAMY
NRIC No SXXXX183C
Email Address vel_naiker@yahoo.com.sg
Mobile Phone No (Phone) +65-94576494
Alternative Phone No (Office) +65-63633094

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5114897518-01
Cover Note Number -

DRIVER

Name of Driver VELAYUTHAM S/O KUPPUSAMY
NRIC No SXXXX183C
Date Of Birth 01/01/1962
Occupation Outdoor

Date Of Driving Pass	23/06/1993
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94576494
Alt. Phone Number	(Office) +65-63633094
Email Address	vel_naiker@yahoo.com.sg
Address	BLK 899A WOODLANDS DRIVE 50 #09-262
Address complement	-
Postcode	730899
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 to Rear
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MR. BOSCO
Gender	Male

PASSENGER 2

Name	MR. BOSCO FATHER
Gender	Male

PASSENGER 3

Name	MR. BOSCO MOTHER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20210211/7044

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	SLH8970M
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MR GOH
Contact Number	(Phone) +65-92266877
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

Veh A: SLH 2817 M
Veh B: SLH 8970 M

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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time: 16/02/21
11.47am

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

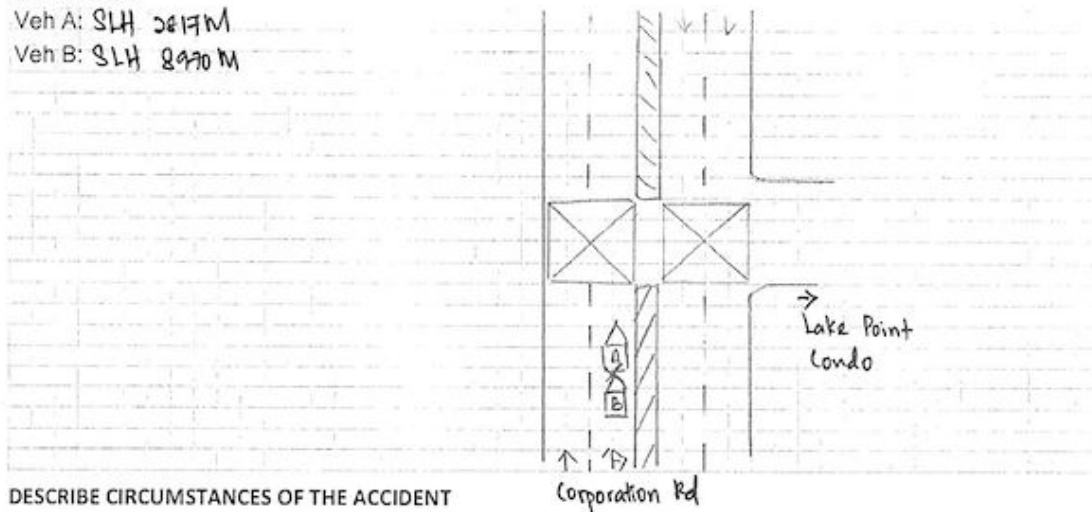
Name:
NRIC/FIN No.:

16/02/2021
Rajeshwaran

SKETCH PLAN

Veh A: SLH 2817M

Veh B: SLH 8970M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer To The Police Report No. L/2021:0211/7044

DECLARATION

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

Policyholder's Signature
Date & Time: 14/02/21
11.47am

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

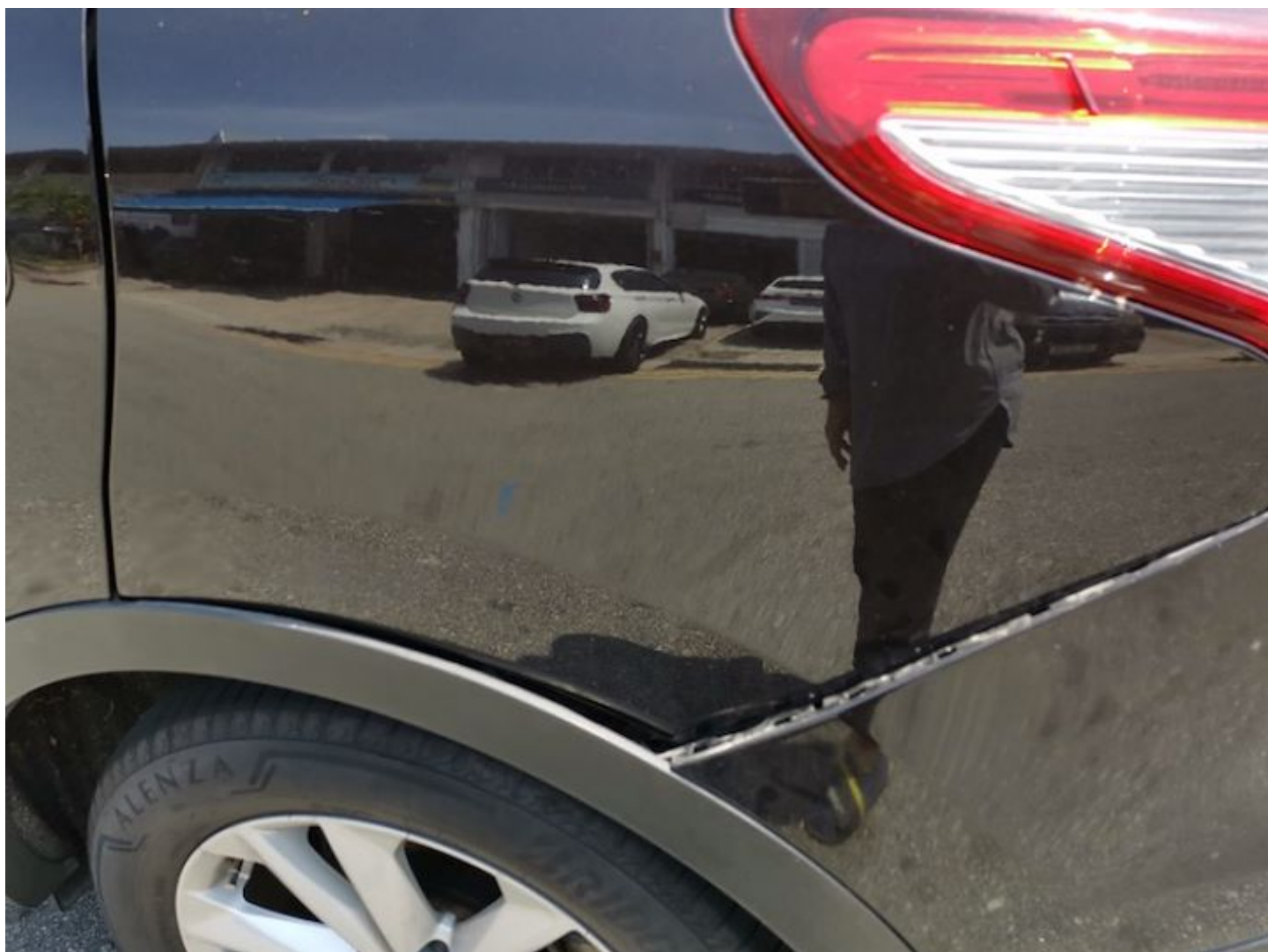
Reporting Centre Personnel's Signature
Name: Rodolfo Winton
NRIC/FIN No.: 16/02/2021































**SINGAPORE
POLICE FORCE**



L/20210211/7044

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POLICE REPORT (NP299)

Report No. L/20210211/7044

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Date/Time Report Made 11/02/2021 23:21	Vide Report No.	Station Diary No.
Name Of Informant VELAYUTHAM S/O KUPPUSAMY	Address 899A WOODLANDS DRIVE 50 #09-262 SINGAPORE 730899	
ID Type / ID No. NRIC NO / S2612183C	Contact No. Home/Office: Mobile: 94576494	
Nationality SINGAPORE CITIZEN	Email Address VEL_NAIKER@YAHOO.COM.SG	
Occupation safety coordinator	Sex Male	Age 59
Institution/School Name	Date of Birth 01/01/1962	Race Indian
Date/Time Of Incident 10/02/2021 18:40 - 10/02/2021 18:45	Location Of Incident 899A WOODLANDS DRIVE 50 #09-262 SINGAPORE 730899	

Brief details.

i was driving my car - SLH 2817M car along corporation road and when i reached the lake site condo there is split road in order to turn right.

Upon seeing this, I slow my car cos in front another car waiting to turn right. Suddenly, I heard a noise and my car move forward bit, because another grab car hit back of my car.

The car's number plate -SLH 8970M.

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 required.
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2021 23:21
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20210211/7044

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210211/7044

My car suffered slight damaged on the bumper and after viewing it, I try to exchange particular with other driver but the guy refused to exchange his particular.

So we exchange mobile number. He mentioned his name was Goh - tel no: 97766877 and I exchange my contact number. We agree abt the insurance claim.

Subjects Involved			
Victim			
Person Name	VELAYUTHAM S/O KUPPUSAMY		
ID Type	NRIC NO	ID No	S2612183C
Gender	Male	Age	59
Race	Indian	Language	English
Occupation	safety coordinator	Address	899A WOODLANDS DRIVE 50 #09-262 SINGAPORE 730899
Mobile No	94576494	Is Informant A Victim?	Yes
Person Name VELAYUTHAM S/O KUPPUSAMY (Informant)			

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 required.
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2021 23:21
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

