SN07212F0019 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME, 15/02/2021 22:35 (SGT) SUBMITTED BY: Redzuan VERSION: 1 (15/02/2021 22:35 (SGT))



SINGAPORE ACCIDENT STATEMENT

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to repudiate policy liability.

- A. 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

15/02/2021 22:35 (SGT) 14/02/2021 16:00 (SGT)

Singapore

TPE TOWARDS CHANGI AT PUNGGOL WAY EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMG8497G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No

No SUMATHI D/O RAMALINGAM S8026387B GSGSGS3120@GMAIL.COM (Phone) +65-97770521 +65-97770521

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Mazda 2

Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to your vehicle?

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Vehicle Category

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number NTUC

Comprehensive

5107129283-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SUMATHI D/O RAMALINGAM S8026387B 20/08/1980 Indoor



Date Of Driving Pass	21/10/2011	
Driving experience	9 YEARS AND 4 MONTHS	
Gender		
	Female	
Mobile Number	(Phone) +65-97770521	
Alt. Phone Number	+65-97770521	
Email Address	GSGSGS3120@GMAIL.COM	
Address	BLK 313A #11-115 SUMANG LINK	
Address complement		
Postcode	821313	
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		
insurance company of other vehicle owned by briver		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
Weather Conditions	Clear	
Road Surface	Dry	
Trodu Guriase	Diy	
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	Punggol Neighbourhood Police Centre	
Police Station Phone No	(Phone) +65-18006049999	
Alt. Police Station Phone No	(Fax) +65-64468015	
Police Station Address	Blk 21A Tebing Lane Singapore 828837	
	No	
Was notice of intended Prosecution given?	NO	
If yes, against whom?		
2.		
CIRCUMSTANCES OF ACCIDENT		
THE STREET TO SWETCH BLANK		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENTICS		
ATTACHMENT(S)		
3.11 6 -4	V	
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	R VEHICLE PROPERTY 1	图 医甲基甲基基
Vehicle Registration Number	SLZ9150L	
Vehicle Manufacturer		
Vehicle Model	2-	
Vehicle Variant		

Private car DHRUZ KAMLESH KAMDAR

S9412264C

Vehicle Colour

Vehicle Category
Name of Driver
NRIC No

Contact Number	(Phone) +65-83990033
Address	-
Address complement	-
Postcode	-
Insurance Company Name	•
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	•

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
- 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.
- 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.
- 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.
- 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 ".
 - 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:
 - 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 Drivershignature

(If drever is not the policyholder)
Date & Time: /5/02/2021

2000 6-

Reporting Center Personnel's Signature

Name: Certific IR

NRIC/FIN NO. 1273 20 37 7

SKETCH PLAN

1 /A	B	-
A 50	Punggol	Way Exit
1		

A-SMG8497G B-SLZ9150L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was dring slowly upon approaching.
the stop way sign and come to a complete stop to give way to the occoming car. After a few seconds I was rear ended by websile B.
I was rear ended by vehicle is.

DECLARATION

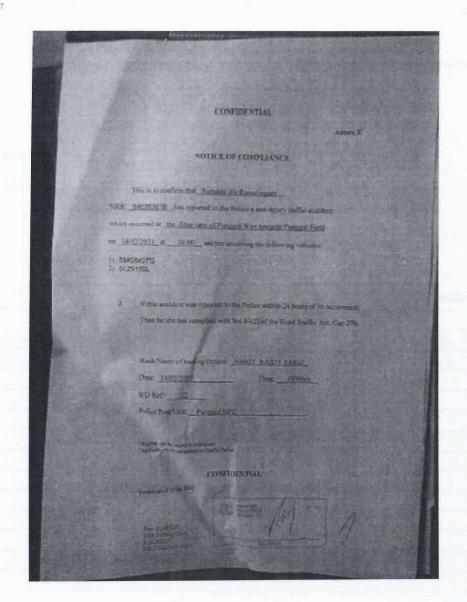
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/0+/2021
2000 hrs

Reporting Centre Personnel's Signature

Name: KH4K18 NRIC/FIN No.: 577350871







1 of 4

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

	Report No	T/202102	220/208	34

Date/Time 20/02/202	The state of the s	/lade:	Vide Report No.:	Station Diary No.: 90
Informan	t's Partici	ulars		经国际与国际国际 中国的
Name of I SUMATH		MALINGAM	Address: APT BLK 313A SUMANG LI	NK #11-115 SINGAPORE 821313
ID Type / NRIC NO	ID No.: / S80263	87B	Contact No.: Home/Office: Mobile: 97770521	
Nationality SINGAPO		ΈN	Email:	
Sex: Female	Age:	Date of Birth: 20/08/1980	Type of Informant: Driver	
Race: Indian	den		Language: English	Institution / School Name:
Occupation: SENIOR PATIENT ASSOCIATE		ASSOCIATE	Driving Licence Information: Class: 3A	Date of Expiry:

Type of Accident: Injury Others		Drink Drive: No	Date/Time of Accident: 14/02/2021 16:00	Type of Location: Bend	
Weather:	XPRESSWAY	Road Surface:		Road Speed Limit:	
Traffic Flow: Tra		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Olic vvay	sion:	1		Anyone conveyed by	

Vehicle No	Туре	Make	Model	Color	Condition	No of Passenge
SLZ9150L	Car				9/ 12 Target	0
SMG8497G	Car	MAZDA	MAZDA2 5- DOOR HATCHBAC K 1.5L SP.6EAT			0

	是一位的第三人称形式 1995年,1995年,1995年,1995年的大学的大学的大学的大学的大学的大学的大学的大学的大学的大学的大学的大学的大学的
Details of Vehicle Insurance	
Vehicle No. Insurance Company Insura	nce No Effective Expiry Date



Details of Vehicle Insurance
Vehicle No. Insurance Company



Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 2 of 4 Report No. T/20210220/2084

CONTINUATION OF REPORT

Insurance No

Driving

Date Discharge

Degree of Injury NIL

Licence & Expiry Date

17/02/2021

Date of Expiry: NIL

SMG8497G	NTUC Income Insurance Co-Operati Limited	ve 51071	29283-0	1	28/04/2020	27/04/2021	
Details of Pe	rson Involved						
Any Pedestria	in Involved: No						
No. of Pedest	rians Injured: NIL	Use of Pe	Use of Pedestrian Crossing: NA				
Driver							
Name	DHRUV KAMLESH KAMDAR		ID No		S94122640		
Related Vehic	ele SLZ9150L (Car)		Conta	ct No.	83990055		
Hospital/Clinic	NIL .	3:01:1	Class Drivin Licent Expiry	g	Class: NIL Date of Exp	oiry: NIL	
Date Treatme	nt NIL	Date Disc	charge	NIL	larer and a second		
	ranted Medical Leave NIL	Degree o		NIL			
Driver					liese e e i de		
Name	SUMATHI D/O RAMALINGAM	SUMATHI D/O RAMALINGAM			S8026387E		
Related Vehic	le SMG8497G (Car)		Conta	ct No.	97770521	or mat !	
Hospital/Clinic	SENGKANG GENERAL HOSPI	TAL PTE.	Class	of	Class: 3A		

Brief Details.

LTD.

Date Treatment 15/02/2021

No. of Days granted Medical Leave

On 14/02/2021 at about 1600hrs, I was driving my vehicle bearing registration number SMG8497G along TPE (Punggol Way Exit) Filter lane. I stopped my vehicle at the filter lane at the stop/give way line as there was ongoing traffic. However, when my vehicle came to a complete stop, the vehicle behind me bearing registration number SLZ9150L did not stop and collided on to me. As at the point of time there was no injuries and I did not feel any pain, I then went to the police station and was issued with a Notice of Compliance.

03

On the same day at about 2000hrs, I started to feel pain and decided to go to the hospital. I was granted 3 days MC from Sengkang General Hospital. I did not lodge the police report earlier as I did not know that I was suppose to do it. It was on 20/02/2021 at about 1200hrs, when I send my vehicle to the workshop and to settle the insurance claim, I was then told to make a Police Report.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 4 Report No. T/20210220/2084

CONTINUATION OF REPORT





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 4 of 4 Report No. T/20210220/2084

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: F / Sgt 1 YEO HUI YU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2021 19:16
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN	Classification Of Case:
Contact No.: 65476185	/ SN 158
Authentication Stamp NP168	