

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 31/03/2021 10:28 (SGT)
Date of Accident 27/03/2021 19:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHURCH STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN2792T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TECK WEI LEASING (S) PTE LTD
Company Reg No 2XXXXX056W
Email Address leasing@teckwei.com.sg
Mobile Phone No (Phone) +65-64650030
Alternative Phone No +65-64650030

VEHICLE PARTICULARS

Manufacturer Honda
Model HONDA / VEZEL 1.5S CVT ABS D/AIRBAG 2WD 5DR
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
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5117799377
Cover Note Number -

DRIVER

Name of Driver VAISUVANATHAN MARIMUTHU
NRIC No SXXXX972Z

Date Of Birth	29/09/1950
Occupation	Outdoor
Date Of Driving Pass	10/06/1988
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90052147
Alt. Phone Number	-
Email Address	nicetulips@hotmail.com
Address	BLK 122 TECK WHYE LANE #03-840
Address complement	-
Postcode	680122
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	Side Swipe
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)	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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210328/2020;

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	SLM4681Y
Vehicle Manufacturer	Nissan
Vehicle Model	NISSAN / QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	MOHMAS SANI BIN ABDUL SANI
NRIC No	SXXXX674F
Contact Number	-
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**

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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.



Policyholder's Signature / Date & Time

P 30/03/21

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

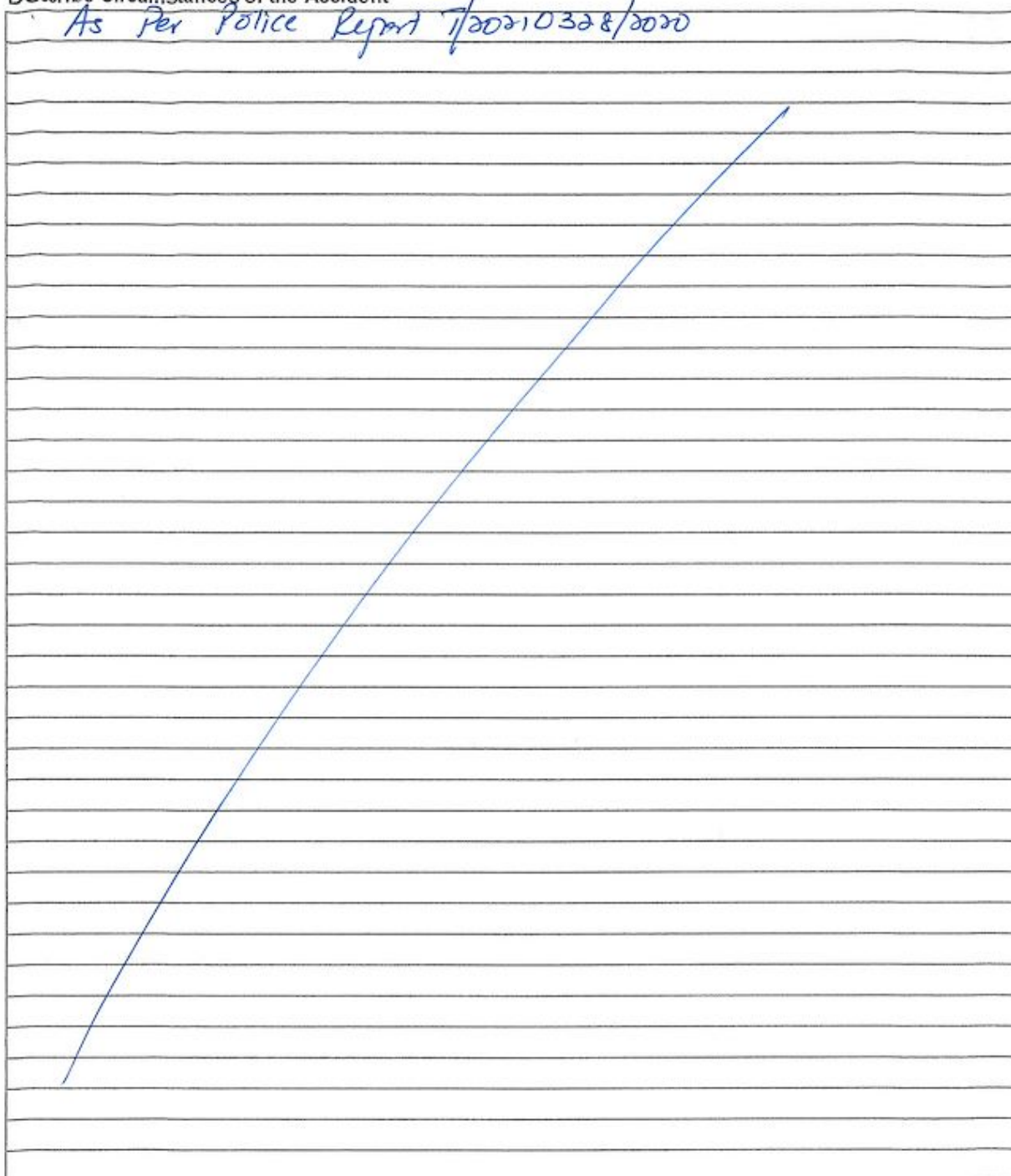
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel 31 MAR 2021

Sketch Plan

Describe Circumstances of the Accident

As Per Police Report 1/20210328/2020



Declaration

We declare the foregoing particulars are true in every respect.



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Policyholder's Signature / Date & Time

R 30/03/21

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackh@vicom.com.sg

Witnessed by Reporting Centre
 Personnel **31 MAR 2021**



















**SINGAPORE
POLICE FORCE**



T/20210328/2020

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20210328/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2021 11:42	Vide Report No.:	Station Diary No.: 50
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Informant's Particulars				
Name of Informant: VAISUVANATHAN MARIMUTHU			Address: APT BLK 122 TECK WHYE LANE #03-840 SINGAPORE 680122	
ID Type / ID No.: NRIC NO / S0032972Z			Contact No.: Home/Office: Mobile: 90052147	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 70	Date of Birth: 29/09/1950	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2021 19:30	Type of Location: Merging Lane
Location: CHURCH STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM4681Y	Car				Slightly Damaged	1
SLN2792T	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210328/2020

2 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20210328/2020

CONTINUATION OF REPORT**Brief Details.**

On 27/03/2021 at about 1930hrs, I was driving my vehicle registration number, SLN2792T with a male passenger on board along Cecil Street from Church Street heading towards Collyer Quay on the merger lanes when another driving in a fast and reckless manner in a vehicle registration number bearing SLM4681Y, side-swiped my vehicle hitting the right side of my front bumper.

The driver of SLM4681Y and myself stopped at the road side near D'almeida Street along Cecil Street immediately after the incident. Before we stopped our vehicles, I have to take the trouble to attract his attention as he was not seen aware of the collision.

We then exchanged particulars and the other driver was seen cooperative to provide the necessary information. I also checked with my passenger whether is he injured and he was not.

Details of the driver of SLM4681Y are as follows :

Name : Mohmad Sani Bin Abdul Aziz
NRIC : S1814674F

On the day itself, my passenger who is one Sherman Soterios Seah, HP : 98467985 contacted GRAB hotline to feedback on the driver who was seen driving in a fast and reckless manner. My passenger is willing to be a witness in this accident.

Details of my witness :

Name : Sherman Soterios Seah
Hp : 98467985

My vehicle suffered dents and scratches front right fender and bumper. I do not know the cost of the repair.

The other vehicle suffered some scratches on the left front and rear doors.

No in-car camera installed in my vehicle.

I am lodging this report as instructed by my GRAB company.



**SINGAPORE
POLICE FORCE**



T/20210328/2020

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20210328/2020

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:

D /
SI IMRAN BIN MOHAMMAD HAJAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/03/2021 11:42

Officer In Charge Of Case:

TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



SN 37

SIGNATURE

