

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 02/07/2021 19:06 (SGT)
Date of Accident 01/07/2021 15:15 (SGT)
Exact Location of Accident Near Sengkang W Way, Singapore
Additional Location Information Along Sengkang West Way (Near to Fernvale Link Juntion)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP8270D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ETHOZ GROUP LTD
Company Reg No 198104531H
Email Address rakes.anand@ethozgroup.com
Mobile Phone No (Phone) +65-66547777
Alternative Phone No (Office) +65-66547777

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NPR85UH5A
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2999

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number -
Cover Note Number -

DRIVER

Name of Driver Balamugunthan S/O Ramalingam
NRIC No S8402559C

Date Of Birth	23/01/1984
Occupation	Outdoor
Date Of Driving Pass	20/09/2006
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97727720
Alt. Phone Number	-
Email Address	mugunthan2301@gmail.com
Address	Blk 205 Boon Lay Drive #06-03
Address complement	-
Postcode	640205
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the sketch plan

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	FBE9931D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	Remie Nazareth
NRIC No	S7728984D
Contact Number	(Phone) +65-97699204
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	Remie Nazareth (Motorcyclist)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBE9931D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

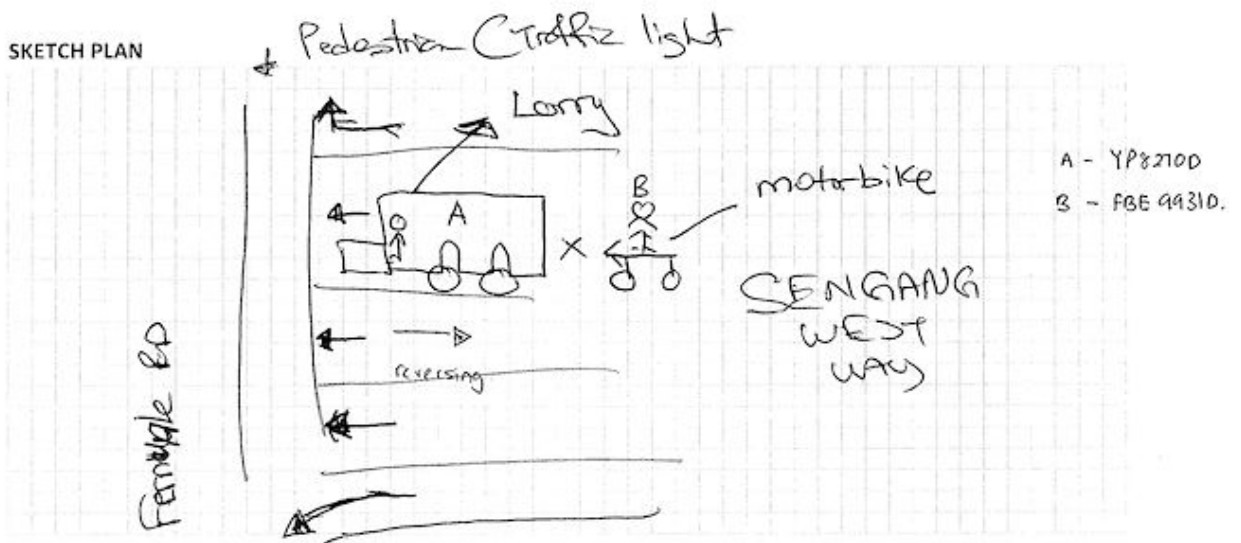
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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: Rajasekaran. Prasad
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/07/21 at 1515hrs met into an accident. I was travelling along Sengang West Way and I came to stop at the traffic light and my stopping came up to the Pedestrian crossing (Traffic light). So not to obstruct the pedestrian before I reverse i checked both my side lorry mirrors and made a reverse until i heard a loud bang and saw a motorcycle fall down and i quickly stopped and came to help the rider. The rider was just behind the lorry where i was driving and didn't see the rider. There were no injuries.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	<input checked="" type="checkbox"/> Reporting Only
	Claim OD
	Claim TP
	Claim OD / TP at other workshop

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: Rakesh Kumar, Anil
NRIC/FIN No.:





























SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

J/20210702/2067
1 of 2
Report No. J/20210702/2067

Date/Time Report Made 02/07/2021 18:24		Vide Report No.		Station Diary No. 98
Name Of Informant BALAMUGUNTHAN S/O RAMALINGAM		Address APT BLK 205 BOON LAY DRIVE #06-03 SINGAPORE 640205		
ID Type / ID No. NRIC NO / S8402559C		Contact No. Home/Office	Mobile 97727720	
Nationality SINGAPORE CITIZEN		Email Address		
Occupation Lorry driver		Sex Male	Age 37	Date of Birth 23/01/1984
Institution/School Name		Race Indian		
Date/Time Of Incident 01/07/2021 15:15		Location Of Incident SENGKANG WEST WAY SINGAPORE Sengkang West Way towards Fernvale Road, Lampost 204		

Brief details.

On 01/07/2021 at about 1515hrs, I was driving my vehicle, YP8270D, along Sengkang West Way towards Fernvale Road on the second lane. While I driving nearing to the traffic light junction, the traffic light turn to amber thus I slowed down my vehicle and managed to came to a stop. However, my vehicle had stopped near the pedestrian line. I worried that it might obstruct the pedestrian crossing line, I decide to reverse my vehicle. Before I reversed my vehicle, I had checked my left and right mirror and it was

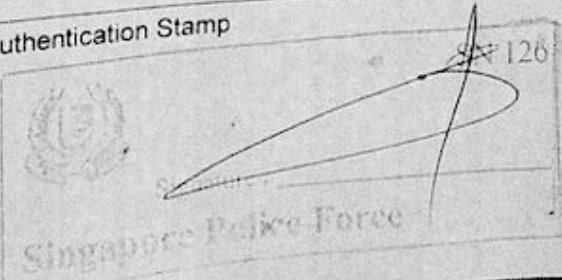
Signature Of Officer Recording The Report:

J / Sgt 1 MUHAMMAD AQIL BIN MOHAMMAD
TASRIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Insp DAMIAN NG LEONG HWEE
Contact No.: 67910000

Authentication Stamp



Signature Of Informant:

Date/Time:
02/07/2021 18:24

Classification Of Case:

**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210702/20003

clear thus, I reverse slowly. However upon reversing, there is a loud bang sound came from the back. Thus I stop my vehicle and saw a motorcyclist had fell. I then went to assist the rider. We then exchange particulars and we decide to go for Insurance Claims as no one was injured at scene. My purpose of lodging report is for record purpose for insurance claims.

Signature Of Officer Recording The Report

J / Sgt 1 MUHAMMAD AQIL BIN MOHAMMAD
TASRINSignature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Insp DAMIAN NG LEONG HWEE
Contact No.: 67910000

Authentication Stamp



Signature Of Informant:

Date/Time:
02/07/2021 18:24

Classification Of Case: