

# 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 ..... 20/09/2021 09:52 (SGT)  
Date of Accident ..... 17/09/2021 12:45 (SGT)  
Exact Location of Accident ..... Cairnhill Rd, Singapore  
Additional Location Information ..... CAIRNHILL ROAD AFTER CAIRNHILL EXIT FROM CTE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKB9627S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TIRTHAHALLI VINAYAKA RAMANATH SHENOY  
NRIC No ..... SXXXX509E  
Email Address ..... vinay.shenoy@rocketmail.com  
Mobile Phone No ..... (Phone) +65-98311281  
Alternative Phone No ..... +65-98311281

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Touran  
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  
Transmission ..... Auto  
CC ..... 1390

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5121614672  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TIRTHAHALLI VINAYAKA RAMANATH SHENOY  
NRIC No ..... SXXXX509E

Date Of Birth .....	22/02/1979
Occupation .....	Indoor
Date Of Driving Pass .....	02/01/2010
Driving experience .....	11 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98311281
Alt. Phone Number .....	+65-98311281
Email Address .....	vinay.shenoy@rocketmail.com
Address .....	BLK. 81 PASIR RIS GROVE
Address complement .....	#10-44
Postcode .....	518210
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 - Change/cross lane
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 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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 17 SEPT 2021 AT AROUND 12:45 HRS, I WAS DRIVING AT ALONG CAIRNHILL ROAD AFTER CAIRNHILL EXIT FROM CTE. SUDDENLY I FELT AN IMPACT FROM MY RIGHT PORTION OF VEHICLE. I THEN REALISED THE VEHICLE SJX249E CUT INTO MY LANE FROM MY RIGHT LANE AND HIT ONTO MY VEHICLE.

#### 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 .....	SJX249E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	BERNARD TAN
NRIC No .....	SXXXX136I

Contact Number ..... (Phone) +65-97401570  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

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

I understand, acknowledge, agree and consent that :

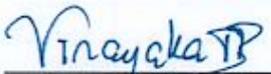
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

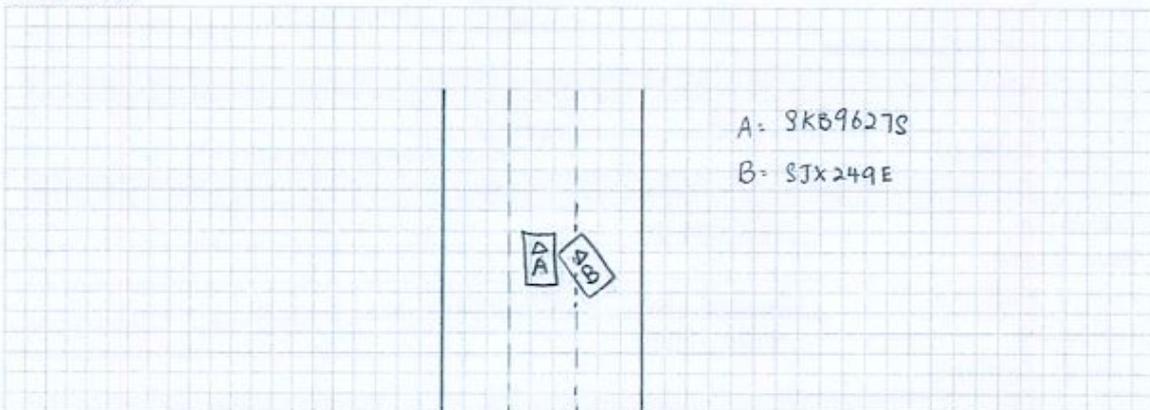
 進友成汽車服務私人有限公司  
 CYS Automobile Services Pte Ltd  
 3B Woodlands Industrial Park East 1  
 #07-17 Admiralty Industrial Park  
 Singapore 757700  
 Tel: 6219 2098 (8 lines) / Fax: 6219 2096

  
 Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



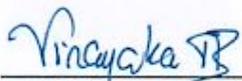
**Describe Circumstances of the Accident**

On 17 Sept 2021 at around 12:45 hrs. I was driving at along Cairnhall Road after Cairnhall Exit from CTE. Suddenly I felt an impact from my right portion of vehicle. I then realised the vehicle 8JX249E cut into my lane from my right lane and hit onto my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

 進友成汽車服務私人有限公司  
CYS Automobile Services Pte Ltd  
38 Woodlands Industrial Park East 1  
#07-17 Admiralty Industrial Park  
Singapore 757700  
Tel: 6219 2098 (3lines) Fax: 6219 2096

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel















> [Back to OneMotoring](#)

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**SKB9627S**

Make / Model  
**VOLKSWAGEN / TOURAN 1.4L AT TSI 1T32B4**

Vehicle Type :  
**P11 - Passenger Station Wagon/Jeep/Land Rover**

Vehicle Attachment 1 :  
**No Attachment**

Vehicle Scheme :  
**Normal**

Chassis No. :  
**WVGZZZ1TZBW105871**

Propellant :  
**Petrol**

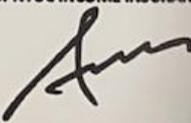
Engine No. :  
**CAV314088**

Motor No. :  
**-**

Engine Capacity :  
**1390 cc**

Power Rating :  
**-**

Maximum Power Output :  
**103.0 kW (138 bhp)**

 <p><b>Income</b> made different</p>	
<p><b>Certificate of Insurance</b></p>	
<p>MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  ROAD TRANSPORT ACT, 1987 (MALAYSIA)  ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)</p>	
<p><b>Certificate Number:</b> 5121614672</p>	<p><b>Cover :</b> drivo CLASSIC</p>
<p>1. Index mark and Registration Number of Vehicle : SKB96275  Chassis Number : WVGZZZ1TZBW105871</p>	
<p>2. Name of Policyholder : TIRTHAHALLI VINYAKA RAMANATH SHENOY</p>	
<p>3. Effective Date of Insurance : 02 Apr 2021</p>	
<p>4. Expiry Date of Insurance : 01 Apr 2022</p>	
<p>5. Persons or Classes of Persons entitled to drive#  (a) The Policyholder.  (b) Any other person who is driving on the Policyholder's order or with his/her permission.  Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p>	
<p>6. Limitations as to Use#  (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.</p>	
<p><b>This Policy does not cover</b>  (a) Use for hire or reward.  (b) Use for racing, pace-making, reliability trial or speed-testing.  (c) Use for the carriage of goods (other than samples) in connection with any trade or business.  (d) Use for any purpose in connection with the Motor Trade.  # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	
<p>EXCESS (SECTION 1) : S\$600  EXCESS (SECTION 2) : N/A  WINDSCREEN EXCESS : S\$100  ADDITIONAL EXCESS : N/A  UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF  REPAIR AT OWNER'S PREFERRED WORKSHOP : NO  INSURE WITH COE : YES  NCD PROTECTION : NO  TRANSPORT ALLOWANCE : NO  EXCESS WAIVER : NO  PRIMARY DRIVER : TIRTHAHALLI VINYAKA RAMANATH SHENOY  NAMED DRIVER (1) : N/A  NAMED DRIVER (2) : N/A  HIRE PURCHASE COMPANY : HONG LEONG FINANCE LIMITED  SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS</p>	
<p>I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)</p>	
<p>Agency : G'S INSURANCE AGENCY (00000573869)</p>	<p>Date of Issue : 01 Apr 2021 14:57 hrs</p>
<p><b>For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED</b></p>	
	
<p>_____  Chief Executive</p>	