

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 witholding 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.

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 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 06/10/2021 18:00 (SGT) Date of Accident 05/10/2021 07:05 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information TPE TOWARDS PIE AFTER PUNGGOL ROAD EXIT LANE 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number SLG9818U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LAVANESAN S/O RAJAGOPAL @UMAR ALI NRIC No. SXXXX094C Email Address MICHAEL LAVA@HOTMAIL.COM Mobile Phone No (Phone) +65-97925450 Alternative Phone No (Home) +65-97925450

VEHICLE PARTICULARS

Manufacturer

Model Sylphy 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

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5122936042 Cover Note Number

DRIVER

Name of Driver LAVANESAN S/O RAJAGOPAL @UMAR ALI NRIC No. SXXXX094C

Date Of Birth 12/04/1994 Occupation Indoor Date Of Driving Pass 08/04/2021 Driving experience 6 MONTHS Gender Male Mobile Number (Phone) +65-97925450 Alt. Phone Number (Home) +65-97925450 Email Address MICHAEL_LAVA@HOTMAIL.COM Address APT BLK 747 PASIR RIS ST 71 #04-44 Address complement Postcode 510747 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberGBD2542UVehicle ManufacturerNissanVehicle ModelCabstarVehicle Variant-Vehicle Colour-Vehicle CategoryCommercial vehicle

Name of Driver	_
Contact Number	_
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 Gender	LAVANESAN S/O RAJAGOPAL @UMAR ALI
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG9818U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	A: SLG 9818U
	B:G8D 2542W
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Describe Circumstances of the Accident

WELEL TO THE DOLL	P 1800H (1/2021/006 / 4014)	
		TAUX III
laration declare the foregoing particula	rs are true in every respect.	
M	1	may
cyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Dr	Witnessed by Reporting Centre
9	& Time	Personnel

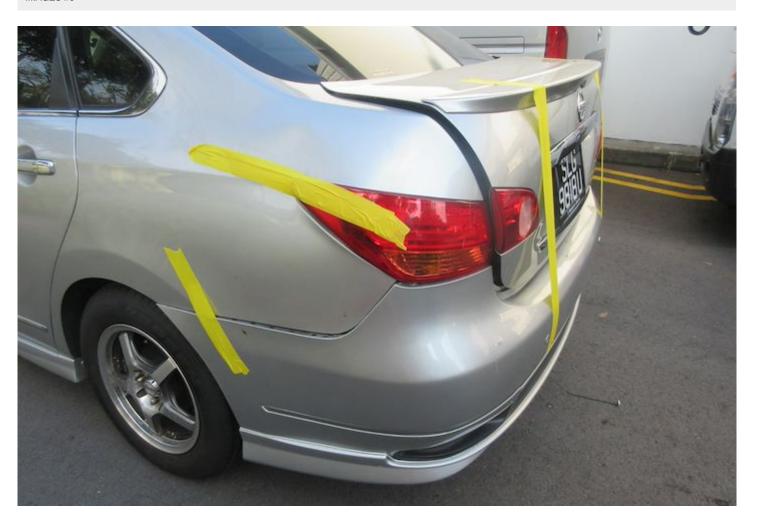












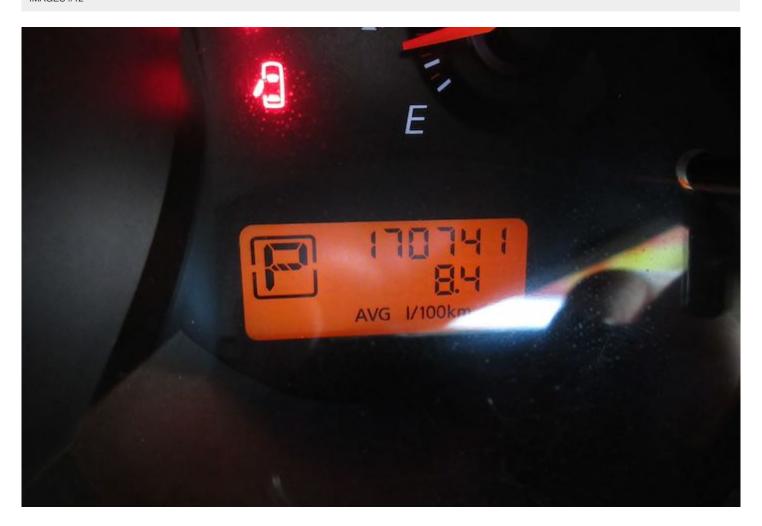


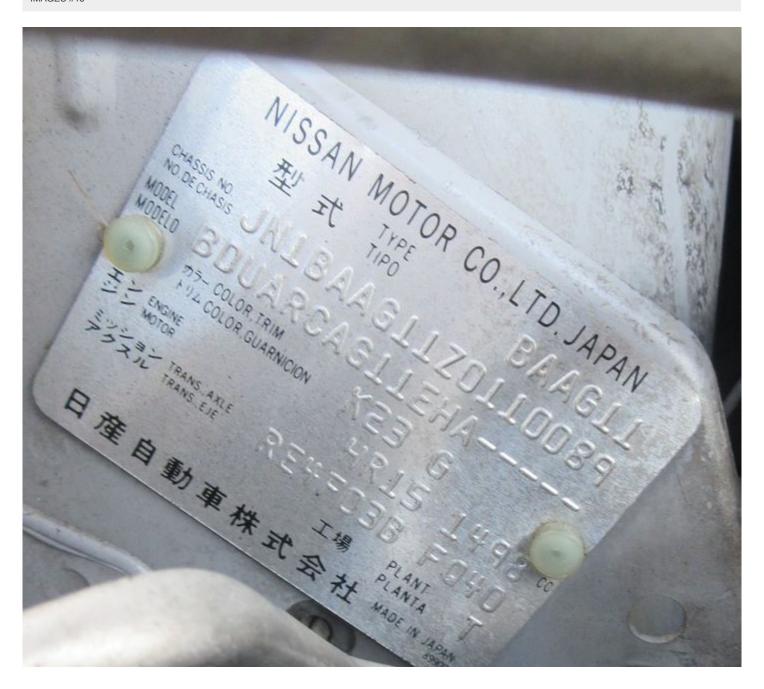




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211006/7017

CONTINUATION OF REPORT

Details of V	ehicle Insurance		7-12/7 2000	ENTRE OVA
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG9818U	NTUC Income Insurance Co-Operative Limited	5122936042	16/07/2021	15/07/2022
Details of P	erson Involved		NO. SEC. SEC.	MERCHAN, 27
Any Pedestri	an Involved: No			
NI F Dades	Advantage Communication Commun			

Details of Perso	on Involved	MENT COLOR	ALCO STATE	92316	SUA SECURIOR
Any Pedestrian I	nvolved: No				
No. of Pedestrian		Use	f Pedestria	an Cross	sing: NA
Passenger	AND DESCRIPTION OF THE PARTY OF	Control of the last of the las	STATE OF THE PARTY	19 3000	
Name	Unknown Passenger			o.	NIL
Related Vehicle	GBD2542U (Lorry)			tact No.	NIL
Hospital/Clinic	NIL			s of ng nce & ry	Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	
No. of Days gran	ted Medical Leave NIL	Degre	ee of	NIL	
Driver		Part Part I	TEN SERVICE		NATIONAL PROPERTY.
Name	LAVANESAN S/O RAJAGO	LAVANESAN S/O RAJAGOPAL			S9414094C
Related Vehicle	SLG9818U (Car)			act No.	97925450
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			s of ng nce &	Class: 3 Date of Expiry: NIL
Date	05/10/2021	Date		06/10	/2021
No. of Days gran	ted Medical Leave 16	Degre	ee of	Serio	us

Brief Details

I was travelling in TPE towards PIE after Punggol Rd exit in lane 2 when the vehicle in front of me stopped suddenly, so I braked and came to a complete stop behind the vehicle. A few seconds later, my car was hit in the rear by a lorry, vehicle number GBD2542U. This caused me to suffer whiplash. I came out of my car, and proceeded to exchange particulars with the lorry driver and took photographs of both vehicle's damages, after which he drove off. I was in extreme pain so I slowly made my way to Sengkang General Hospital where I was admitted for one day and given 16 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20211005/7017

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/10/2021 15:34
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:

Signature Of Informant:

NP168

This report is lodged at Sengkang NPC Kiosk 1

MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Officer Recording The Report:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20211006/7017

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 021 15:34	/lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: SAN S/O F	RAJAGOPAL	Address: 747 PASIR RIS STREET 71 #	#04-44 SINGAPORE 510747	
	/ ID No.: D / S94140	94C	Contact No.: Home/Office:	Mobile: 97925450	
Nationality: SINGAPORE CITIZEN		EN	Email: MICHAEL LAVA@HOTMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 12/04/1994	Type of Informant:		
Race: Indian			Language: Institution / School Nan English		
Occupat	ion:		Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	ident: Others Drive: Accident:		Date/Time of Accident: 05/10/2021 07:05	Type of Location: Expressway
TPE towards	PIE after punggol r	oad exit lane 2		
Weather:		Road Surface:	-	
Clear		Dry	1000	oad Speed Limit: 0 Km/h
			9 T	

Details of V	ehicle Invo	lved	State Ava		The state of the s	The Saleston
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBD2542U	Lorry	NISSAN	Cabstar	Gold	Slightly Damaged	6
SLG9818U	Car	NISSAN	Sylphy	Silver	Seriously Damaged	0