

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 Actual 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 17/11/2022 18:36 (SGT)
Reported by Driver
Date of Accident 11/11/2022 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information 7 Lorong Liew Lan
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ6611C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner OZ CAR RENTAL PTE. LTD.
Company Reg No 201826382N
Email Address Clarence@ozcar.sg
Mobile Phone No (Phone) +65-91268654
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 1600

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5117316529-02

DRIVER

Name of Driver KUMARAN S/O THANINA YAGHAM
NRIC No S8929285I
Date Of Birth 30/08/1989
Occupation Indoor

Date Of Driving Pass	27/03/2021
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93976620
Alt. Phone Number	-
Email Address	Kcrown399@gmail.com
Address	684B CHOA CHU KANG CRESCENT #04-330
Address complement	-
Postcode	682684
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 - Roundabout
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Advised to send to motorvideo@income.com.sg

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8140B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Wong Weng Khuen
NRIC No	S1443418F
Contact Number	(Phone) +65-93691286
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KUMARAN S/O THANINA YAGHAM
Gender	Male
Phone No	(Phone) +65-93976620
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	33
Injuries Sustained	Body pain
Injured person in which vehicle?	SGZ6611C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

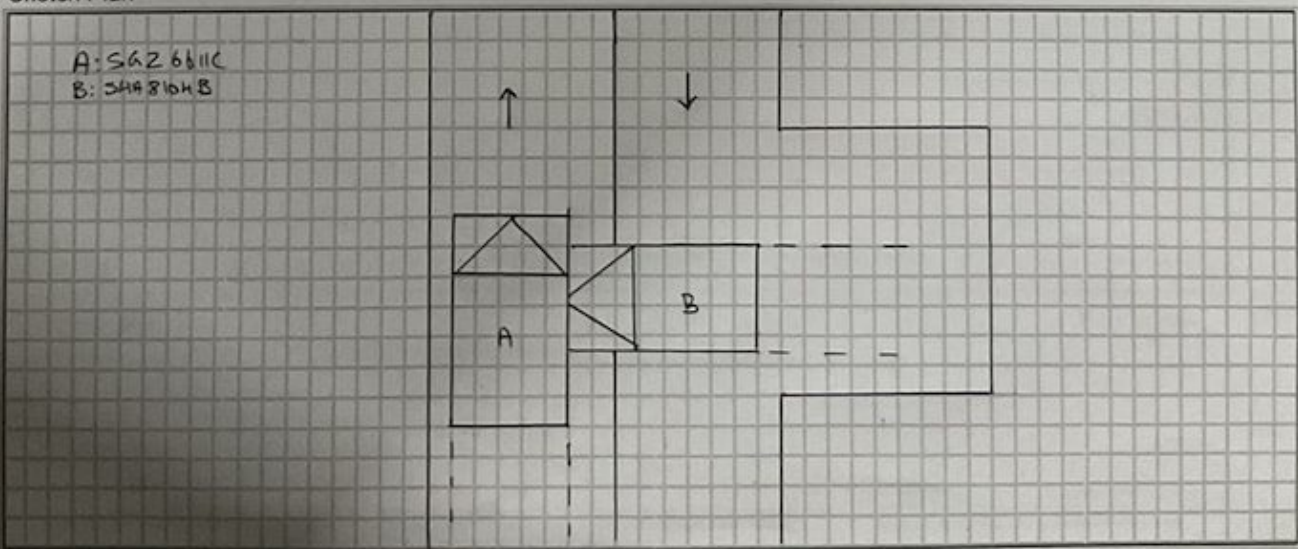


Policyholder's Signature / Date & Time
17/11/2022 1830h

Driver's Signature (If driver is not the policyholder) / Date & Time
17/11/2022 1830h

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
Kamal Asmaudeen

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT

Declaration

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



Policyholder's Signature / Date & Time

17/11/2022 18:30h

Driver's Signature (if driver is not the policyholder) / Date & Time 17/11/2022 18:30h

KAMEL ASHMOUH E.S.P.

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
















**SINGAPORE
POLICE FORCE**


J/20221117/7040

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POLICE REPORT (NP299)

Report No. J/20221117/7040

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 17/11/2022 18:12	Vide Report No.	Station Diary No.
Name Of Informant KUMARAN S/O THANINAYAGHAM	Address 684B CHOA CHU KANG CRESCENT #04-330 SINGAPORE 682684	
ID Type / ID No. NRIC NO / S8929285I	Contact No. Home/Office: Mobile: 93261520	
Nationality SINGAPORE CITIZEN	Email Address KUMARAN AMES@HOTMAIL.SG	
Occupation Safety and security consultant	Sex Male	Age 33
Institution/School Name	Date of Birth 30/08/1989	Race Indian
Date/Time Of Incident 11/11/2022 14:00	Location Of Incident 684B CHOA CHU KANG CRESCENT #04-330 SINGAPORE 682684	

Brief details.

SPF ACKNOWLEDGEMENT SLIP:
REFERENCE NUMBER: F/20221111/0123
INITIAL REPORT SUBMITTED : J/20221112/7015

On the 11th November 2022 , Around 1300 hours , I was at Blk 7 Lorong Liew Lan to make payment for the food ive catered for my dad's 16th day prayers according to Hindu's Funeral Customary.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/11/2022 18:12
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20221117/7040

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20221117/7040

After Completing my errands, I decided to move off.

When i was exiting the roundabout , I checked for traffic and it was clear before moving off
SHA8140B was seen in "Stationary" position at the physically challenged lot.After picking up the
passenger, When i was moving , SHA 8140 B , move forward and hit my driver's side Front door
body(SGZ6611C).

After getting off the vehicle , Taxi Driver mentioned "why i did not give way?
Female indian passenger alighting from the cab.She immediately started harassing me by shouting
vulgaritys and demanded for my NRIC in a threatening manner.The Taxi driver did not ask for my
particulars but just stood there.

Female Subject also yelled at me saying " because of you , my life is ruined?
I did not understand the reason behind that statement, I remain calm and face her my id as she
demanded.She threw my id away to the floor after taking a look.I did not want to aggravate the situation
as female passenger was showing sign of distressed behaviour , I picked up my item patiently until the
officers arrived to the scene as the passenger already activated TP, POLICE and AMBULANCE.

TP remained to proceed with Paper Work

Medical Report is made and submitted for record purposes.

On November 11th at 1800 hours , I visited my neighbourhood clinic , few hours later after leaving Block

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/11/2022 18:12
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20221117/7040

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20221117/7040

7 Lorong Liew Lan as i was experiencing some discomfort; body pain

After doctor's consultation , i was provided with medications and 3 days Medical Certificate (MC).

I am lodging this report for my safety based on the female subject;s threatening an aggressive body language towards me and also as advised by Traffic Police Officer who was assisting us.

Subjects Involved			
Victim			
Person Name	KUMARAN S/O THANINAYAGHAM		
ID Type	NRIC NO	ID No	S89292851
Gender	Male	Age	33
Race	Indian	Language	English
Occupation	Safety and security consultant	Address	684B CHOA CHU KANG CRESCENT #04-330 SINGAPORE 682684
Mobile No	93261520	Is Informant A Victim?	Yes
Person Name	KUMARAN S/O THANINAYAGHAM (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
17/11/2022 18:12

Classification Of Case: