

## 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 .....	05/04/2023 17:44 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/04/2023 14:05 (SGT)
Exact Location of Accident .....	1500 Bendemeer Rd, Singapore 339946
Additional Location Information .....	CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	QX1052R
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MINISTRY OF MANPOWER
Company Reg No .....	019C
Email Address .....	Nur_Azlinah_AZIZ@mom.gov.sg
Mobile Phone No .....	(Phone) +65-96957026
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Elgrand
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? .....	Yes
Vehicle Category .....	Government
Transmission .....	Auto
CC .....	2488

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-23100518MFQC/4

#### DRIVER

Name of Driver .....	SAM RAMASAMY S/O CHOKKALINGAM
NRIC No .....	SXXXX124D
Date Of Birth .....	11/11/1979
Occupation .....	Indoor

Date Of Driving Pass .....	08/12/2005
Driving experience .....	17 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88111424
Alt. Phone Number .....	-
Email Address .....	sam_ramasamy_chokkalingam@mom.gov.sg
Address .....	BLK109 WOODLANDS VIEW #01-20
Address complement .....	-
Postcode .....	737712
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 on collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### 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) .....	4
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 .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Female

#### 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? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER POLICE REPORT T/20230404/7052

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... SNF8319G  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

SKETCH PLAN

IMPORTANT NOTICE

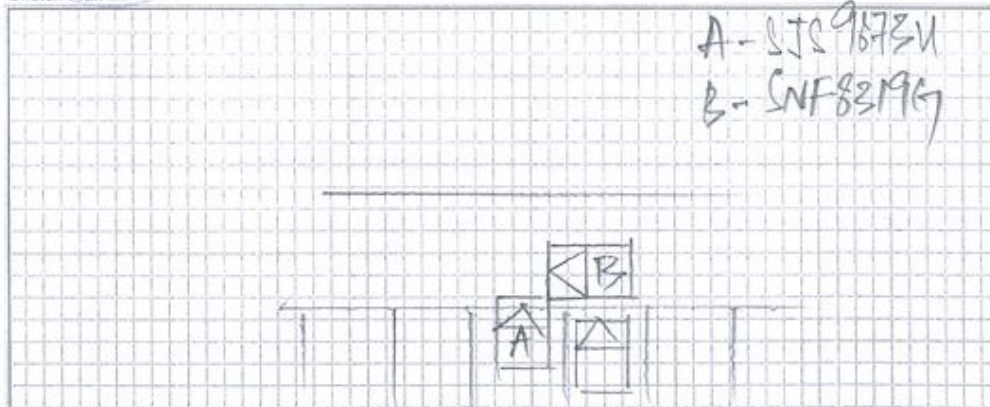
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.
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

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

T/2023404/7052

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY.  
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Declaration

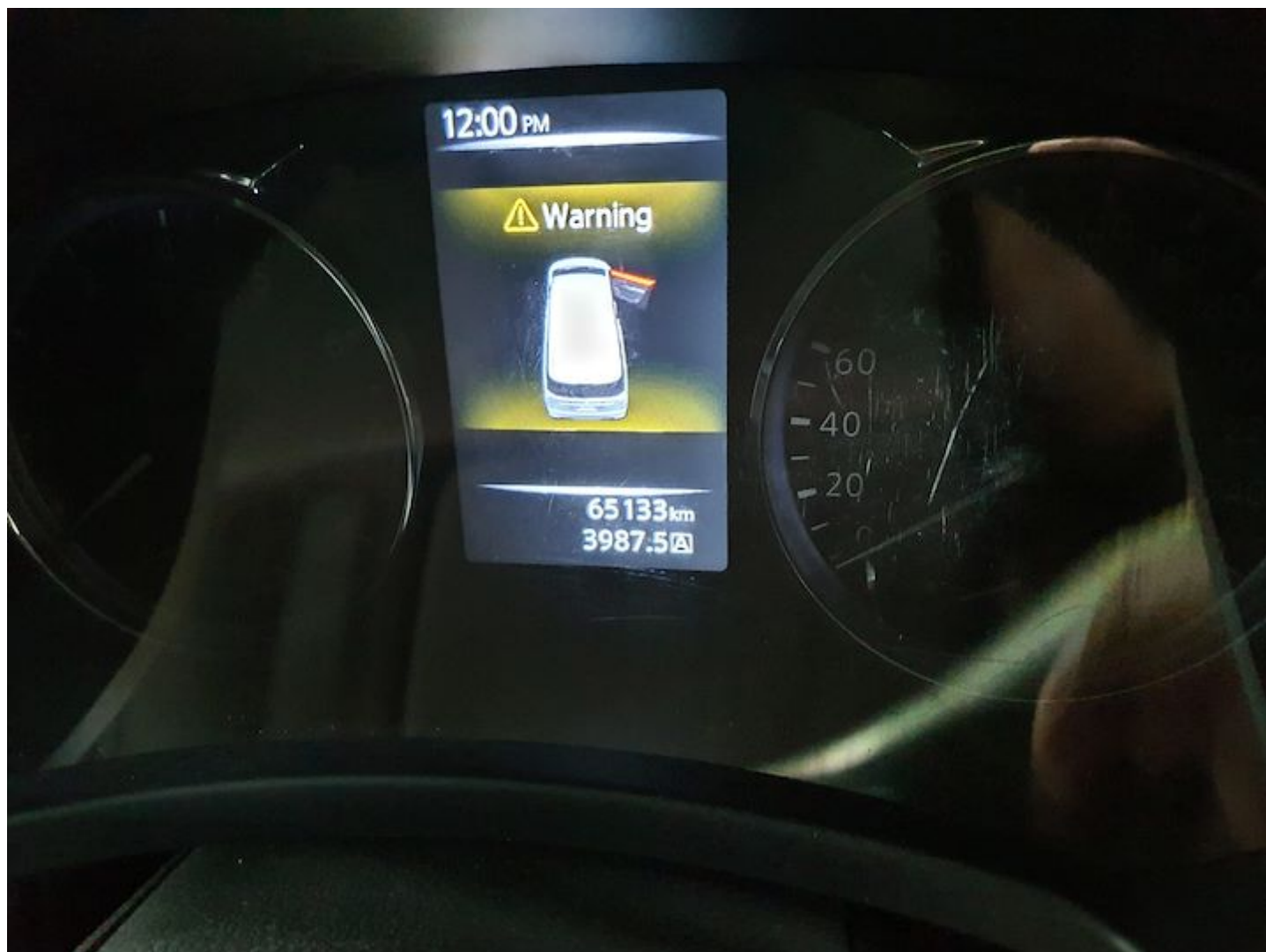
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

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



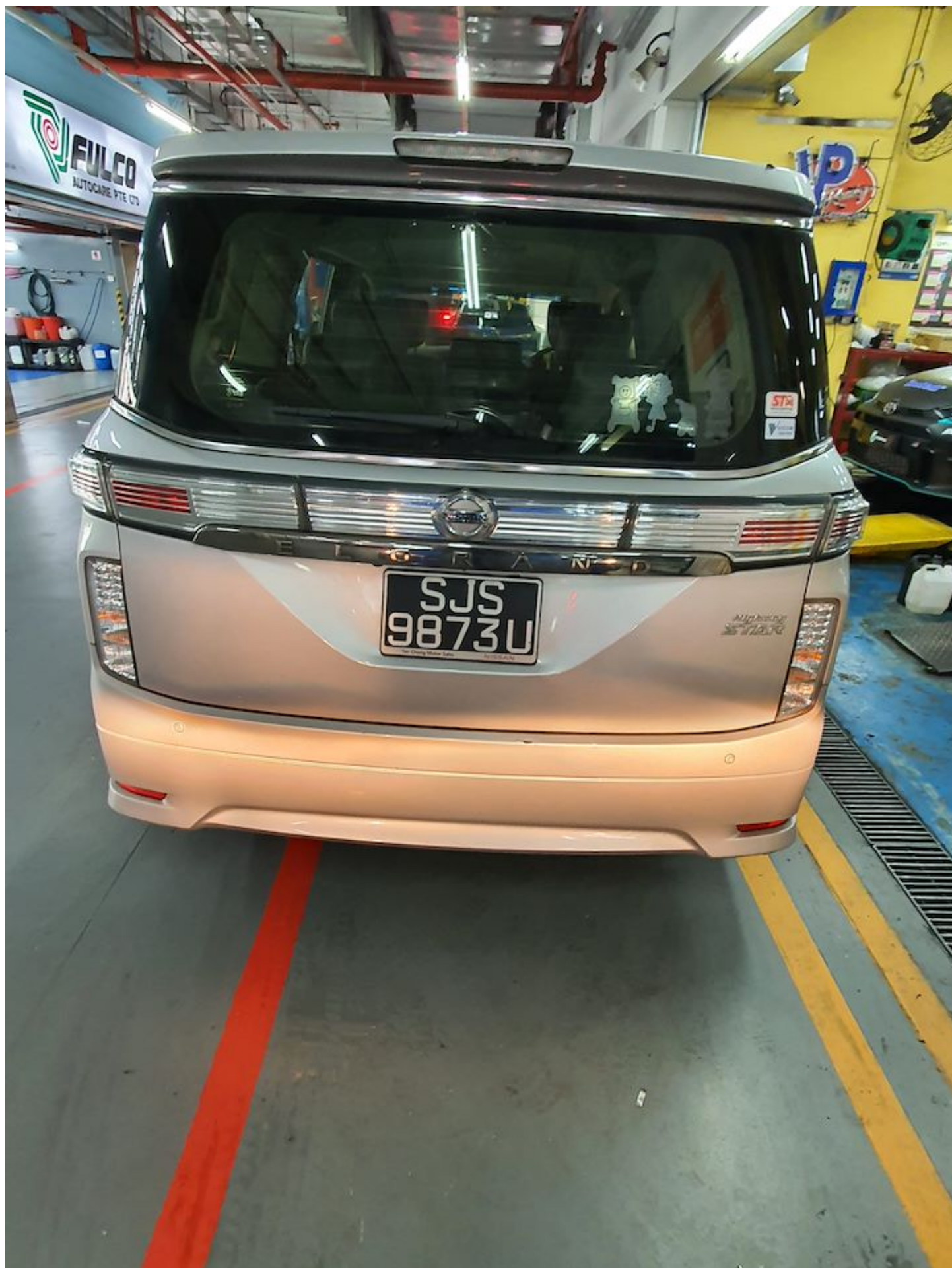




























**SINGAPORE  
POLICE FORCE**



T/20230404/7052

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20230404/7052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/04/2023 15:15		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SAM RAMASAMY S/O CHOKKALINGAM			Address: 109 WOODLANDS VIEW #01-20 SINGAPORE 737712		
ID Type / ID No.: NRIC NO / S7933124D			Contact No.: Home/Office: Mobile: 88111424		
Nationality: SINGAPORE CITIZEN			Email: SAM_RAMASAMY_CHOKKALINGAM@MOM.GOV.SG		
Sex: Male	Age: 43	Date of Birth: 11/11/1979	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Public Service			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 03/04/2023 14:05	Type of Location: Car Park
Location:  BENDEMEER ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SJS9873U	Car		Nissan	Silver	Seriously Damaged	3
SNF8319G	Car	HONDA		White	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20230404/7052

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230404/7052

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SAM RAMASAMY S/O CHOKKALINGAM	ID No.	S7933124D
Related Vehicle	SJS9873U (Car)	Contact No.	88111424
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I set out to go for an inspection together with 3 of my colleagues. We were seated in SJS9873U which was parked in the ops vehicle bay in MOMSC. There was a van, PC2164S, parked on my right side parking lot obscuring my vision of any incoming vehicles into the carpark. Hence, to check my blind spot I inched forward. I stopped SJS9873U completely when the front of the car was about 1m forward out of the parking lot. In an instance, SNF8319G driven by Gerkiel Tey from MOM knocked into SJS9873U.

Suhailah sitting at the front as my vehicle commander could not see the car from the right side as the van was causing a blind spot.

SNF8319G did not sound the horn nor swerve the car away in the opposite direction when there was sufficient space to do so. The impact of the accident was on the right corner of SJS9873U and left corner of SNF8319G.

There was breakage in the body of the car and lighting frame of SJS9873U. There was a dent and a crack in SNF8319G. There were no injuries sustained by the drivers or passengers of both vehicles.

I exited the vehicle and took the driver's name and contact no. of SNF8319G.



**SINGAPORE  
POLICE FORCE**



T/20230404/7052

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Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3  
Report No. T/20230404/7052

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

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

Date/Time:  
04/04/2023 15:15

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SL0U23450001 Vehicle Registration No: QX1052R  
 Name (as shown in NRIC): Ministry of Manpower NRIC/FIN/Passport No: 00ARC  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 18 Havelock Road Singapore (089766)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9695 7026  
 Email Address: Nur-Azlinah\_AZIZ@mom.gov.sg  
 Date of Accident: 08 Apr 23 Time of Accident: 1405hrs  
 Place of Accident: 1500 Bendemeer Road Carpark  
 Insurance Company: MS First Capital

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To change from Reporting Only to Own Damage Claim and our  
vehicle number to amend to QX1052R

Policyholder / Actual Driver's Signature  
 Date:



Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card): Joan Cheryl  
 Date:

v3jun2022