# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 17/04/2023 10:41 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 15/04/2023 23:45 (SGT) Exact Location of Accident Singapore Additional Location Information RIVER VALLEY ROAD Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGL9991J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **DHURKENDRAN S/O DEVARAJA** NRIC No S8014999I Email Address NMTRAVELAGENCY@GMAIL.COM Mobile Phone No (Phone) +65-87807743 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Renault Model Kadjar Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto

CC 1500

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5126105614

DRIVER

Name of Driver DHURKENDRAN S/O DEVARAJA NRIC No S8014999I Date Of Birth 31/05/1980 Occupation Outdoor

Date Of Driving Pass 25/02/2008 Driving experience 15 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-87807743 Alt. Phone Number Email Address NMTRAVELAGENCY@GMAIL.COM Address BLK 658 WOODLANDS RING ROAD #11-122 Address complement Postcode 730658 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 Side Swipe 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? No Was any injured conveyed to hospital by ambulance? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name LEE JUN JIE JORDAN Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Punggol Neighbourhood Police Centre Police Station Phone No (Phone) +65-18006049999 Alt. Police Station Phone No (Fax) +65-64468015 Police Station Address Blk 21A Tebing Lane Singapore 828837 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ATTACHED POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

No

Was there any video captured by Car Camera?

Vehicle Registration Number SHD4575R 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)

# WITNESS DETAILS

WITNESS 1

Name AHJUL

Phone (Phone) +65-83287783

Email

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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

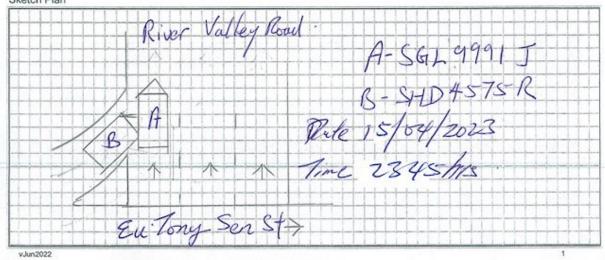
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est

Singapore 575643 Tel: 6453 1235 Fax: 6453 7944

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

# Sketch Plan



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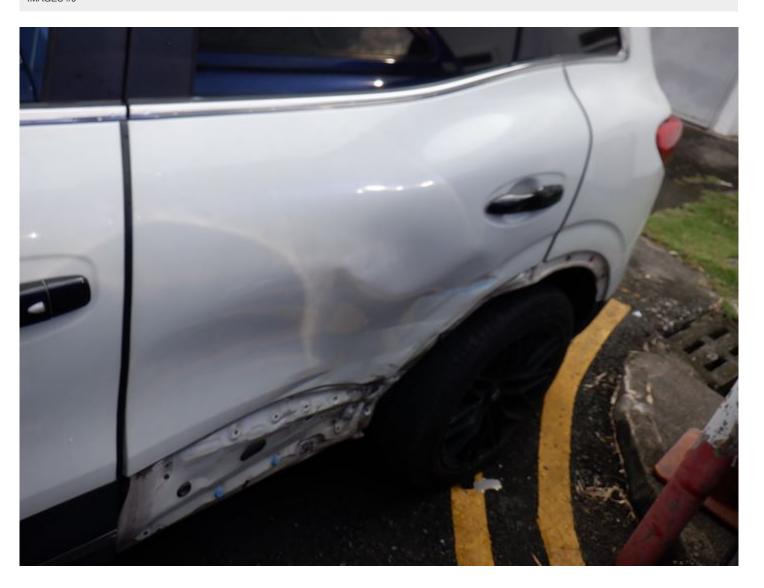


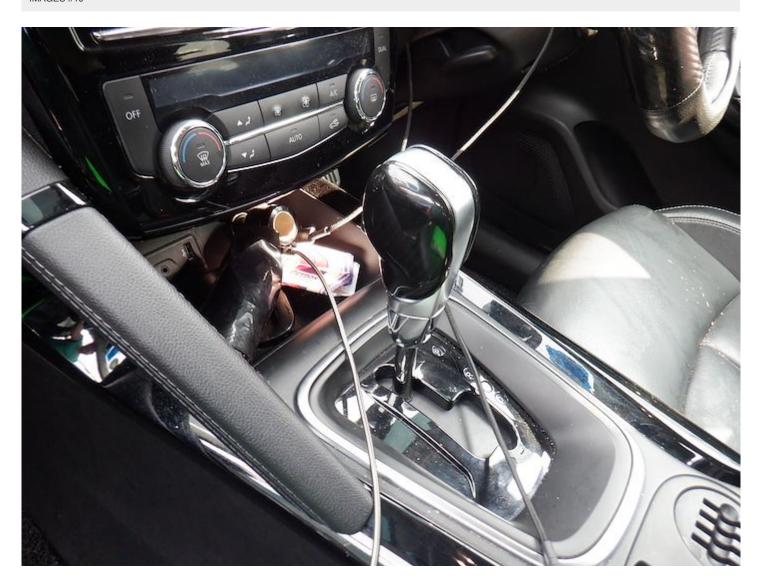


















20230416/2019

1 of 3 Report No. T/20230416/2019

Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2023 04:24		Vide Report No.: E/20230415/0173	Station Diary No.: 14	
Informa	nt's Partice	ulars		
	f Informant: ENDRAN S	/O DEVARAJA	Address: APT BLK 658 WOODL SINGAPORE 730658	ANDS RING ROAD #11-122
ID Type / ID No.: NRIC NO / S8014999I		Contact No.: Home/Office:	Mobile: 87807743	
National SINGAP	lity: PORE CITIZ	EN	Email:	
Sex: Age: Date of Birth: Male 42 31/05/1980		Type of Informant: Driver		
Race: Indian		Language:		
Occupation: Safety Officer		Driving Licence Information Class:	ation: Date of Expiry:	

seneral infor	mation of the Accident			ALCOHOLD BE SEEN
Type of Accident: Non-Injury Government Propert		Drink Drive: No	Date/Time of Accident: 15/04/2023 23:45	Type of Location X-Junction
Location: RIVER VALLI	EY ROAD			
Weather: Roa Clear Dry		Road Surface: Dry	2: 5:	
Traffic Flow: Tra Dual Carriage Way		Traffic Control:	11.23	raffic Volume: loderate
Type of Collision: Between Moving Vehicles - Head To Side				nyone conveyed by mbulance; o

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGL9991J	Car	RENAULT	KADJAR 1.5 DCI EDC 6AT S&S EU6	White	Seriously Damaged	1
SHD4575R	Car				-	0

Details of V	ehicle Insurance	<b>建物的企业。至于</b> 市场	图 2000 图 1000	<b>公司值准的</b>
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





/20230416/2019

Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

2 of 3 Report No. T/20230416/2019

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGL9991J	NTUC Income Insurance Co-Operative Limited	5126105614	13/03/2022	31/08/2023

### Brief Details.

On 15/04/23 at about 2345hrs, I was driving my vehicle SGL9991J along lane 3 of North Boat Quay towards River Valley Road, approaching the junction of Eu Tong Sen Street. The light was red at the junction and I stopped my vehicle accordingly. When the light turned green, I moved off straight and entered into River Valley Road. Suddenly, I felt an impact on my left and I recall that my vehicle spun twice. The impact caused my vehicle to mount the kerb and hit a LTA DB box.

Both me and the other driver (SHD4575R) alighted to make a check. I asked him what happened and he explained that he was filtering left into River Valley Road from Eu Tong Sen Street. We both took some photographs of the accident and exchanged particulars. I called Traffic Police as I realised that my vehicle cannot be driven anymore. Traffic Police came and did some investigations. Traffic Police then gave me a Case Card and advised me to lodge a Traffic Accident Report regarding this accident.





Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999 3 of 3 Report No. T/20230416/2019

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F /	Signature Of Informant:
SR STAFF SGT KOH SHIZENG	9t
Signature Of Interpreter: Not applicable	Date/Time: 16/04/2023 04:24
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
VP168	



## Certificate of Insurance

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)

Certificate Number: 5126105614

1. Index mark and Registration Number of Vehicle : SGL9991J

Chassis Number : VF1RFE00756140861

2. Name of Policyholder

: DHURKENDRAN S/O DEVARAJA

Cover : drivo CLASSIC

3. Effective Date of Insurance

: 13 Mar 2022

4. Expiry Date of Insurance

: 31 Aug 2023

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.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business,

#### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) : S\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES ROADSIDE ASSISTANCE AND WELLNESS COVER : YES TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : DHURKENDRAN S/O DEVARAJA

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : INDEX CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 23 Feb 2023 10:59 hrs

For INCOME INSURANCE LIMITED

Chief Executive