SN09234J000A-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 19/04/2023 17:18 (SGT)
SUBMITTED BY: NIVITHA
VERSION: 2 (20/04/2023 08:11 (SGT))

Your NCD will be affected due to late reporting

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.
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	19/04/2023 17:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/04/2023 15:22 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN AHMAD IBRAHIM (TUAS CHECKPOINT COMPLEX)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC3985G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KARTHIKESHAVAN S/O GOVINDAN
NRIC No	SXXXX261I
Email Address	nice1karthik@gmail.com
Mobile Phone No	(Phone) +65-98336626
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00004065

DRIVER

Name of Driver	KARTHIKESHAVAN S/O GOVINDAN
NRIC No	SXXXX261I
Date Of Birth	21/07/1976
Occupation	Indoor

Date Of Driving Pass	25/10/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98336626
Alt. Phone Number	-
Email Address	nice1karthik@gmail.com
Address	BLK 8 KENG CHIN ROAD
Address complement	# 12-15
Postcode	258710
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	OILY

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JTD9088
Vehicle Category	Private car

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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230418/7046

ATTACHMENT(S)

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	JTD9088
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG BOON HAW
Passport No/FIN	AXXXX1011
Contact Number	(Phone) +60-167013117
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	5

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

SKETCH PLAN

IMPORTANT NOTICE

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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.

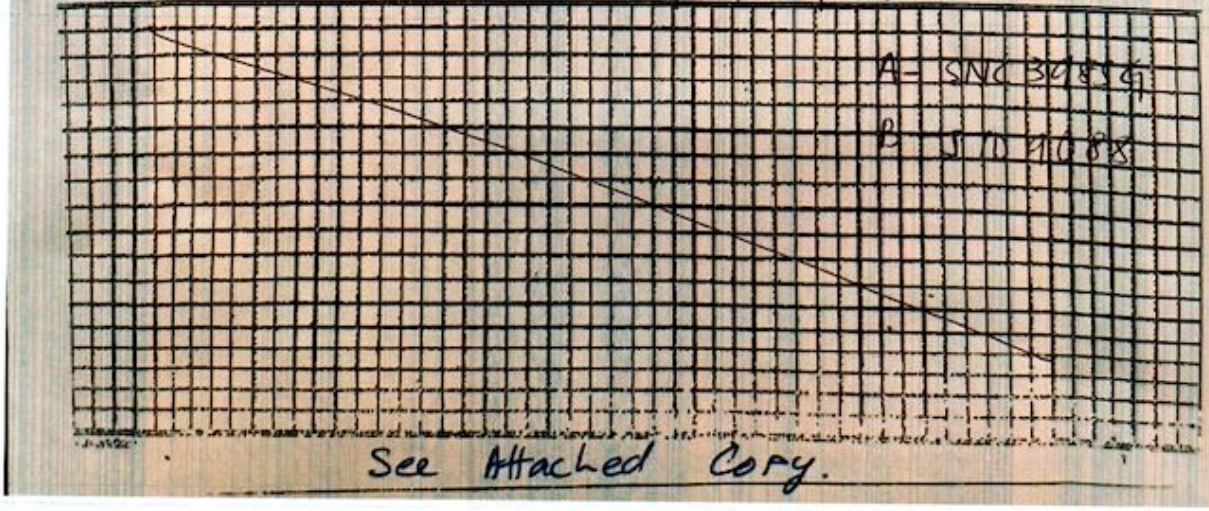
Policyholder's Signature / Date & Time

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

19/4/2023

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

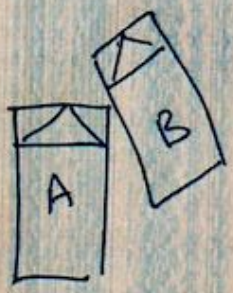
Sketch Plan Jalan Ahmad Ibrahim (Tuas checkpoint complex)



See Attached Copy.

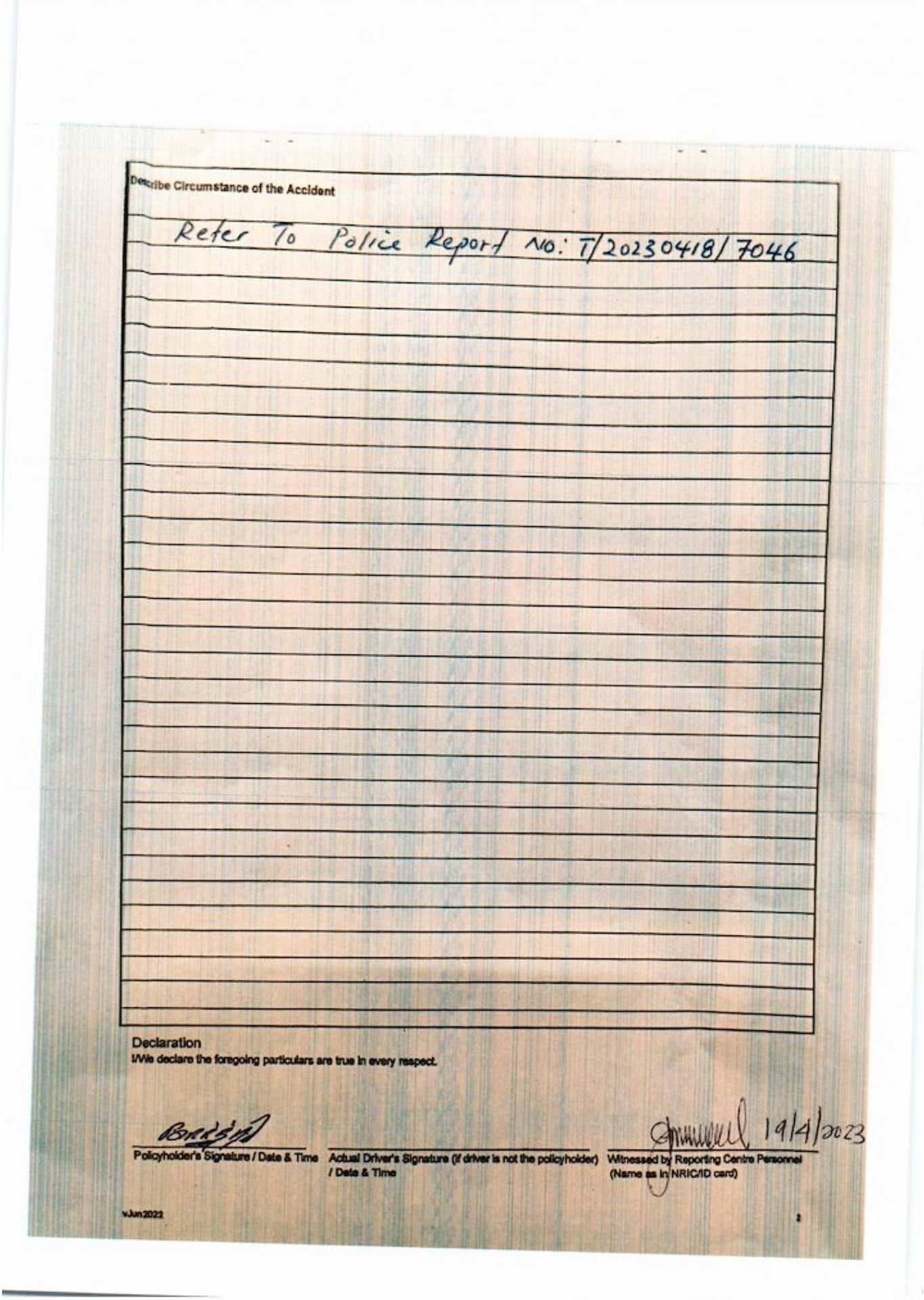
Attached Copy sketch Plan

Jalan Ahmad Ibrahim
(Tuas Checkpoint Complex)



(A) SNC 3985 G

(B) JTD 9088



Describe Circumstance of the Accident

Refer To Police Report NO: T/20230418/7046

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)

19/4/2023

vJun2022

SINGAPORE POLICE FORCE

T/20230418/7046

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

Report No. T/20230418/7046

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
JTD9088	AIG MALAYSIA INSURANCE BERHAD	5853982	31/12/2022	30/12/2023
SNC3985G	FWD Singapore Pte. Ltd	PNPV2022-00004065	28/10/2022	27/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SNC3985G (Car)	Contact No.	NIL
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
Driver			
Name	KARTHIKESHAVAN S/O GOVINDAN	ID No.	S7621261I
Related Vehicle	SNC3985G (Car)	Contact No.	98336626
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.

At the location of TUAS Checkpoint Complex entering Singapore from Johor, I was in my car, vehicle registration number SNC3985G moving slowly. There was heavy traffic with many cars like mine. Suddenly the white car on my right, malaysian vehicle registration number JTD9088 squeezed into the front of my car. I horned and the car still continued to move and damaged my car. His signal light was not turned on either. The driver's name is Ng Boon Haw. His passport number is A57091011 and I.D. number is 760405017233. His Malaysian mobile number +60167013117. According to the documents that he sent to me, he is employed with GJ TRANSPORT AGENCY (JM0764515-M) address at, 32 Jalan Rebab 14, Taman Desa Tebrau 81100 Johor Bahru. Company contact numbers are, +60197748709 and +60167013117. I am lodging this report for insurance claim purposes.

IMAGES

IMAGES #2

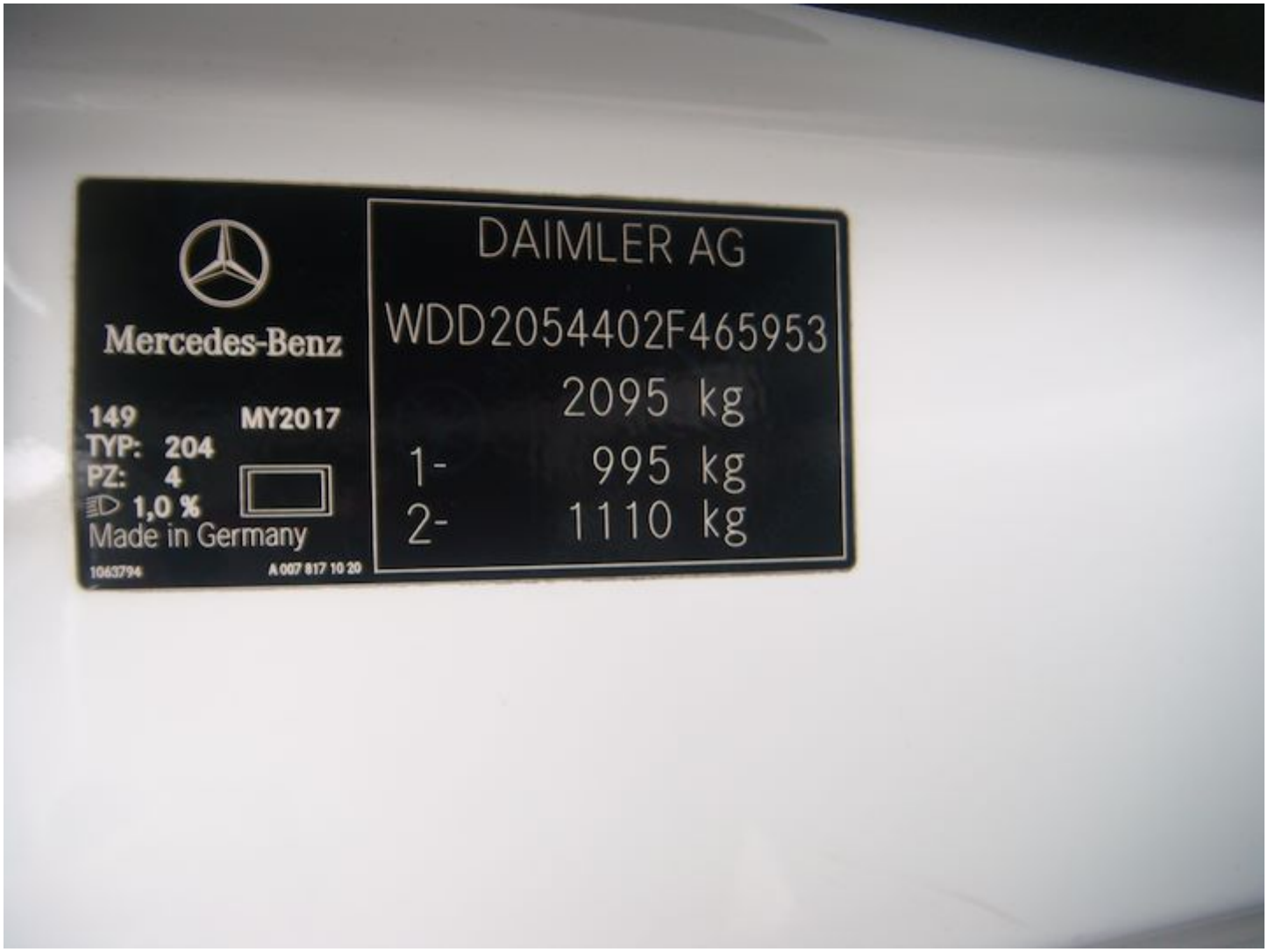
IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7


Mercedes-Benz
149
MY2017
TYP: 204
PZ: 4
1,0 %
Made in Germany
1063794
A 007 817 10 20
DAIMLER AG
WDD2054402F465953
2095 kg
1- 995 kg
2- 1110 kg

SINGAPORE POLICE FORCE

T/20230418/7046

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

Report No. T/20230418/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
18/04/2023 14:41		

Informant's Particulars

Name of Informant: KARTHIKESHAVAN S/O GOVINDAN			Address: 8 KENG CHIN ROAD #12-15 SINGAPORE 258710
ID Type / ID No.: NRIC NO / S7621261I			Contact No.: Home/Office: Mobile: 98336626
Nationality: SINGAPORE CITIZEN			Email: NICE1KARTHIK@GMAIL.COM
Sex: Male	Age: 46	Date of Birth: 21/07/1976	Type of Informant: Driver
Race: Indian			Language: English
Occupation: Business consultant			Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 13/04/2023 15:22	Type of Location: Bend
Location: JALAN AHMAD IBRAHIM				
Weather:		Road Surface: Oily		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTD9088	Car	HYUNDAI	STAREX	White	Slightly Damaged	0
SNC3985G	Car		mercedes benz	White	Slightly Damaged	1

SINGAPORE POLICE FORCE

T/20230418/7046

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

Report No. T/20230418/7046

CONTINUATION OF REPORT

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SNC3985G	FWD Singapore Pte. Ltd	PNPV2022-00004065	28/10/2022	27/10/2023

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	Unknown Driver		ID No.	NIL	
Related Vehicle	SNC3985G (Car)		Contact No.	NIL	
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	
Driver					
Name	KARTHIKESHAVAN S/O GOVINDAN		ID No.	S7621261I	
Related Vehicle	SNC3985G (Car)		Contact No.	98336626	
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.

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SINGAPORE POLICE FORCE

T/20230418/7046

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

Report No. T/20230418/7046

CONTINUATION OF REPORT

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: 18/04/2023 14:41
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

This report is lodged at Bukit Timah NPC Kiosk 1

NP168

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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: SN09234J000A Vehicle Registration No: SNC3985G

Name (as shown in NRIC): karthikeshavan s/o Govindan NRIC/FIN/Passport No: S7621261I

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: Blk 8 Keng Chin Road #12-15 Singapore (258710)

Contact (Tel): Mobile No.: 9833 6626

Email Address: nice1karthik@gmail.com

Date of Accident: 13/04/2023 Time of Accident: 15:22

Place of Accident: Jalan Ahmad Ibrahim (Tuas Checkpoint complex)

Insurance Company:

(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:

Amend Country / State of loss - Singapore

Policyholder / Actual Driver's Signature
Date:

20/4/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: