

# 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 First Submission	18/06/2024 11:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/06/2024 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF RANGOON RD TOWARD RACE COURSE RD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3580D
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RANJIT SINGH TULSI
NRIC No	S1583519B
Email Address	RANJITTULSI@ROCKETMAIL.COM
Mobile Phone No	(Phone) +65-96885030
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	MARK X2
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	0

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128979809-01

### DRIVER

Name of Driver	RANJIT SINGH TULSI
NRIC No	S1583519B
Date Of Birth	09/08/1963
Occupation	Indoor

Driving Pass Date .....	14/03/1989
Driving experience .....	35 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96885030
Alt. Phone Number .....	-
Email Address .....	RANJITTULSI@ROCKETMAIL.COM
Address .....	APT BLK 108 JALAN RAJAH #02-122
Address complement .....	-
Postcode .....	320108
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 on collision
Weather Conditions .....	Raining
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? .....	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 .....	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

#### REFER TO ATTACHED

#### 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 .....	SML1965S
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	RANJIT SINGH TULSI
Gender .....	Male
Phone No .....	(Phone) +65-96885030
Address .....	APT BLK 108 JALAN RAJAH #02-122
Address Complement .....	-
Post Code .....	320108
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJS3580D
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' 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.

*[Signature]*

Policyholder's Signature / Date & Time

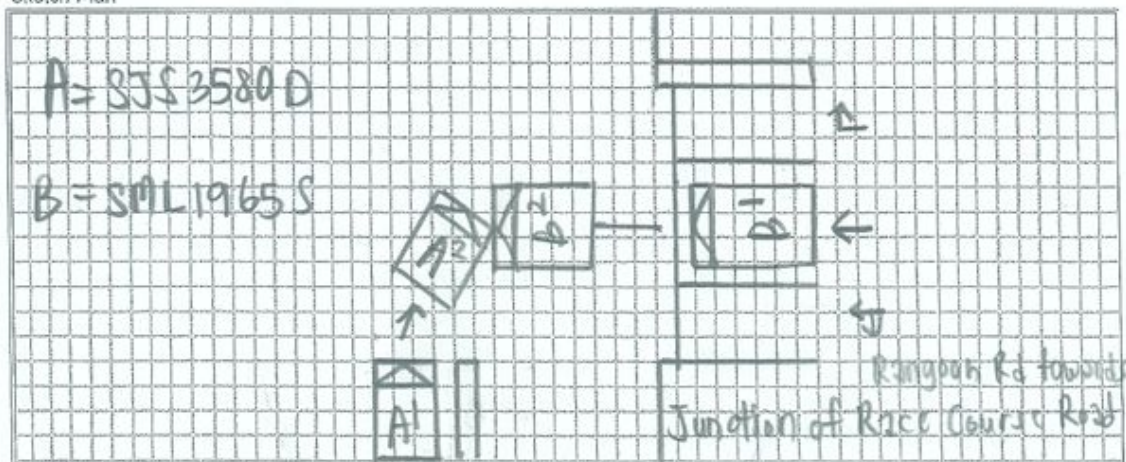
*[Signature]*

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

LENG

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

Sketch Plan




Describe Circumstance of the Accident

On 15.06.2024 at about 0915 am. I was travelling along rangoon road toward race course road. I was going traffic light in my favor. Suddenly, the vehicle SML 1965C was coming from opposite side direction beating and collided with my vehicle SJS 3580D. and the traffic light in the middle lane.

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

LENG

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









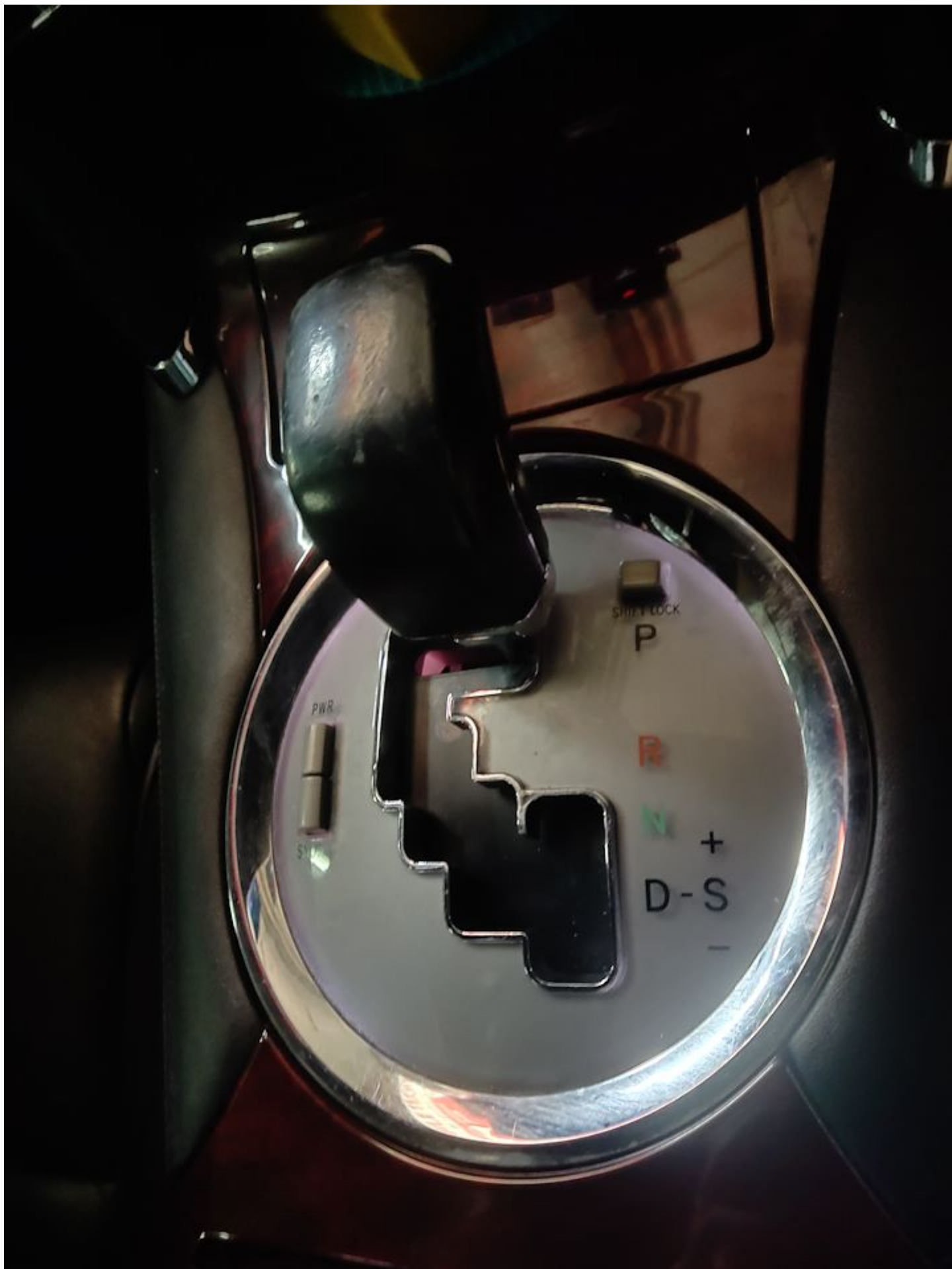




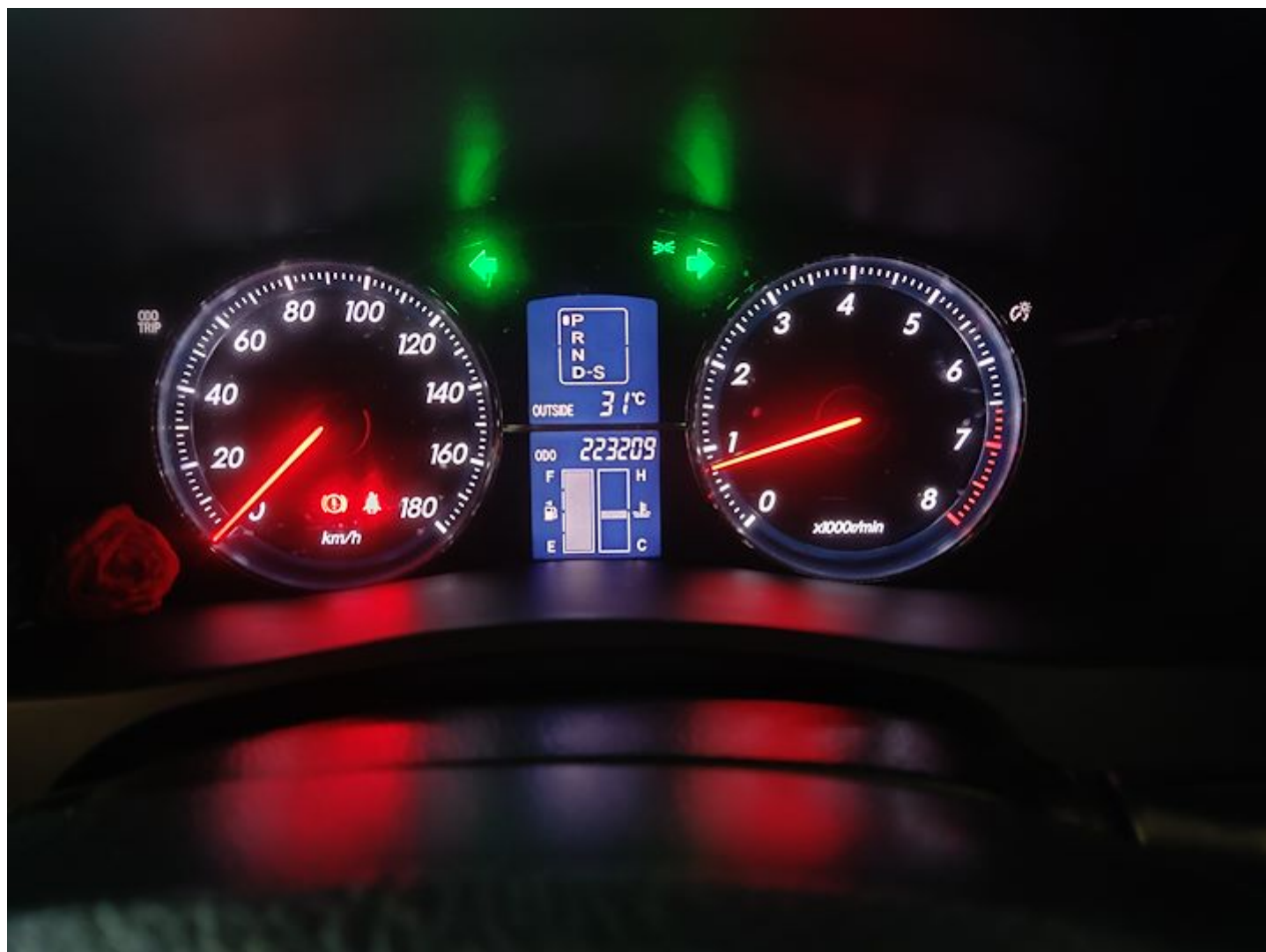
















**SINGAPORE  
POLICE FORCE**



T/20240617/7059

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

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Report No. T/20240617/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2024 20:17		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Ranjit Singh Tulsi			Address: 122 Jalan Rajah 02 108 SINGAPORE 320108		
ID Type / ID No.: NRIC NO / S1583519B			Contact No.: Home/Office: Mobile: 96885030		
Nationality: SINGAPORE CITIZEN			Email: ranjittulsi@Rocketmail.com		
Sex: Male	Age: 60	Date of Birth: 09/08/1963	Type of Informant: Driver		
Race: Sikh			Language: English		
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/06/2024 09:15	Type of Location: Straight Road
Location:  FARRER PARK STATION ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS3580D	Motor car	TOYOTA	MARK X 2.5G A	Black		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJS3580D	NTUC Income Insurance Co-Operative Limited	5128979809-01	12/08/2023	11/08/2024



**SINGAPORE  
POLICE FORCE**



T/20240617/7059

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

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Report No. T/20240617/7059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Ranjit Singh Tulsi		ID No. S1583519B
Related Vehicle	SJS3580D (Motor car)		Contact No. 96885030
Hospital/Clinic	FARRER CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	15/06/2024		Date Discharge 15/06/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

**Brief Details.**

On 15th June 2024 at 9.13am I was travelling from Rangoon Road towards Tessensohn Road. Approaching the traffic light junction, I was going to turn right as the Indication Signal was still showing Green in my favor. As I was midway through the junction, driver from SML1965S moved when his traffic light was Red, hitting me head on damaging my right side of my car SJS3580D. I suffered a left knee injury due to the impact collision. I also suffered a whiplash due to this.





**SINGAPORE  
POLICE FORCE**

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



T/20240617/7059

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Report No. T/20240617/7059

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: 17/06/2024 20:17
Officer In Charge Of Case: TP / AEIT / BOON YEN KIAN Contact No.: 65472079	Classification Of Case:

NP168