

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	09/09/2024 11:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/09/2024 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOYANG AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD9909G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YOGESH RAHEJA
NRIC No	SXXXX955G
Email Address	RAHEJA_YOGESH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91396410
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD
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	1986
Vehicle Fuel	Petrol
First Registration Date	26/07/2016
Chassis no	ZSU600080856
Effective Date/Time of Ownership	21/04/2023 03:04 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5135639874-01

DRIVER

Name of Driver	YOGESH RAHEJA
NRIC No	SXXXX955G
Date Of Birth	06/05/1975
Occupation	Indoor
Driving Pass Date	01/10/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91396410
Alt. Phone Number	-
Email Address	RAHEJA_YOGESH@HOTMAIL.COM
Address	BLK 26 SIMEI STREET 1 04-12 SINGAPORE 529947
Address complement	-
Postcode	-
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	CHHAVI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND POLICE REPORT ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNS6028R
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

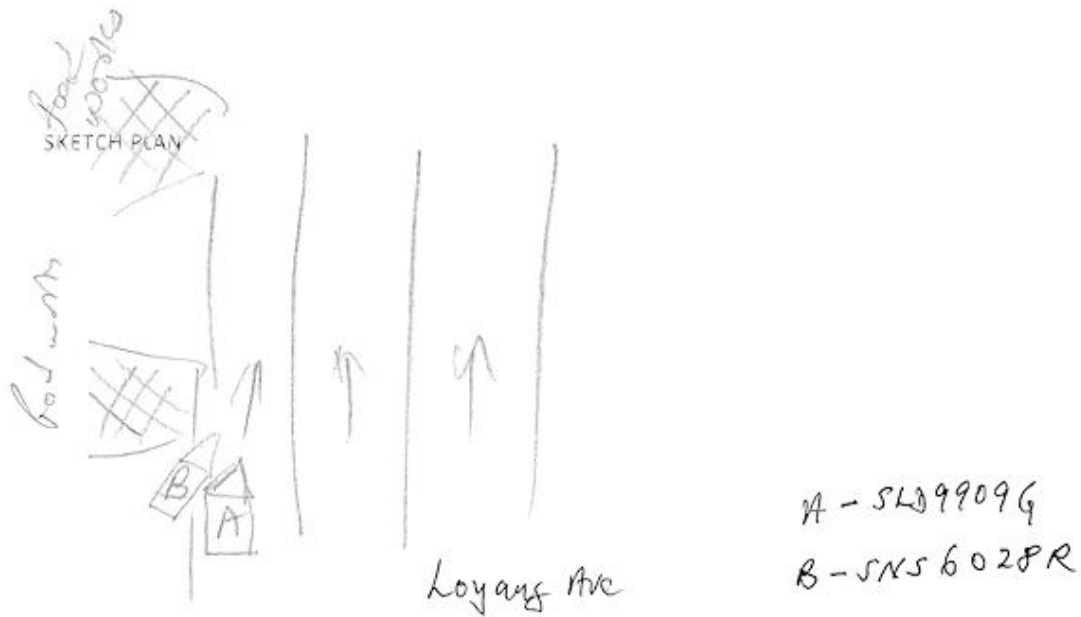
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)** I understand, 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date
& Time:

Driver's Signature
(If driver is not the policyholder) Date
& Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: 1/20240907/2054
attached.

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

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

Policyholder's Signature Date
9/9/24

Driver's Signature
Date

9/9/24
Reporting Centre Personnel's Signature
TAMPINES

















**SINGAPORE
POLICE FORCE**



T/20240907/2054

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20240907/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2024 16:20	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: YOGESH RAHEJA			Address: 26 SIMEI STREET 1 #04-12 SINGAPORE 529947		
ID Type / ID No.: NRIC NO / S7569955G			Contact No.: Home/Office: Mobile: 91396410		
Nationality: SINGAPORE CITIZEN			Email: raheja.yogesh@gmail.com		
Sex: Male	Age: 49	Date of Birth: 06/05/1975	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: IT DIRECTOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/09/2024 14:40	Type of Location: Straight Road
Location: LOYANG AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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	Conditio	No of Passenger
SLD9909G	Motor car					1
SNS6028R	Motor car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240907/2054

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20240907/2054

CONTINUATION OF REPORT

Driver			
Name	YOGESH RAHEJA	ID No.	S7569955G
Related Vehicle	SLD9909G (Motor car)	Contact No.	91396410
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 07/09/2024 at 1440hrs, as I was travelling along Loyang Ave towards Changi Village in my vehicle (SLD9909G). There was a vehicle (SNS6028R) travelling at the lane on my left which had tried to cut into my lane abruptly as there was road work on left most lane. While the vehicle (SNS6028R) was cutting into my lane from the left, I felt an impact from the left of my vehicle and discovered the said vehicle (SNS6028R) had side swipe on to the left side of my vehicle.

I then moved forward as I wanted to check for the damages, he started honking at us and as my daughter was shocked by the accident, we did not immediately stop the vehicle and went out. The vehicle (SNS6028R) then drove off before we could exchange any details with the driver.

I wished to state that I have both the front and rear in car cameras which captured the incident.



**SINGAPORE
POLICE FORCE**



T/20240907/2054

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20240907/2054

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SI YEO HAO KIAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/09/2024 16:20

Officer In Charge Of Case:
TP / HRT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476902

Classification Of Case:

NP168



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: SF0E2499M004 Vehicle Registration No: SLD 9909 G

Name (as shown in NRIC): YOGESH RAHEJA NRIC/FIN/Passport No: S7569955 G

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

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 91396410

Email Address: _____

Date of Accident: 7/9/2024 Time of Accident: 14.40

Place of Accident: Loyang Ave

Insurance Company: Income Ins

(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:

I would like to revert my Reporting
to Third Party Claim

Policyholder / Actual Driver's Signature
Date:

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