

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	17/09/2024 17:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/09/2024 22:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SLE CTE/TPE EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9468S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GANESAN S/O RETNAM KUMAR
NRIC No	SXXXX696H
Email Address	ZCWASPT@YAHOO.COM
Mobile Phone No	(Phone) +65-90620950
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	1989
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23A00280600

DRIVER

Name of Driver	GANESAN S/O RETNAM KUMAR
NRIC No	SXXXX696H
Date Of Birth	07/09/1983
Occupation	Indoor
Driving Pass Date	17/04/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90620950
Alt. Phone Number	-
Email Address	ZCWASPTE@YAHOO.COM
Address	BLK 544 WOODLANDS DRIVE 16 #11-111
Address complement	-
Postcode	730544
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?	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 POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WAS TAKEN BY TRAFFIC POLICE OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4260Z
Vehicle Manufacturer	Hyundai
Vehicle Model	Ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	GANESAN S/O RETNAM KUMAR
Gender	Male
Phone No	(Phone) +65-90620950
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLC9468S
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.

ZHONG CHENG ENTERPRISE
Carros Centre #04-53
60 Jin Lan Road Singapore 737869
HP: 8298 0453
Email: admin@zhongcheng.com.sg
Reg No. 53156999C

Policyholder's Signature / Date & Time

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

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

Sketch Plan

Vehicle A SLC 9468 S	
Vehicle B SHD 4260 Z	

Describe Circumstance of the Accident

REFER TO POLICE REPORT

Was there any video captured by Car Camera? ☒ Yes / No

Has the driver been approached by unknown person(s)? Yes / ☒ No

Number of Passengers (Including Driver)? 0 / 1

Name Gender:

Name Gender:

Name Gender:

Declaration

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

Policyholder's Signature / Date & Time

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

ZHONG CHENG ENTERPRISE
Carros Centre #04-53
60 Jin Lam Huat Singapore 737869
HP: 8383 0453
Email: admin@zhongcheng.com.sg
Reg No. 53156999C

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



**SINGAPORE
POLICE FORCE**



T/20240916/7127

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

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Report No. T/20240916/7127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2024 19:51		Vide Report No.: L/20240915/0157		Station Diary No.:	
Informant's Particulars					
Name of Informant: GANESAN S/O RETNAM KUMAR			Address: 544 WOODLANDS DR 16 #11-111 HDB SINGAPORE 730544		
ID Type / ID No.: NRIC NO / S8329696H			Contact No.: Home/Office: Mobile: 90620950		
Nationality: SINGAPORE CITIZEN			Email: GANESAN.RETNAMKUMAR@GMAIL.COM		
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Technical/Engineering services manager (excluding transport)			Driving Licence Information: Class: 3,4 Date of Expiry: 31/12/2099		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/09/2024 22:30	Type of Location: Straight Road
Location: YIO CHU KANG CRESCENT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC9468S	Motor car	HONDA	ODYSSEY 2.4 A	Black		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SLC9468S	ECICS LIMITED	MPC23A00280600	05/10/2023	04/10/2024	



**SINGAPORE
POLICE FORCE**



T/20240916/7127

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

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Report No. T/20240916/7127

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GANESAN S/O RETNAM KUMAR	ID No.	S8329696H
Related Vehicle	SLC9468S (Motor car)	Contact No.	90620950
Hospital/Clinic	WOODLANDS MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 31/12/2099
Date Treatment	16/09/2024	Date Discharge	16/09/2024
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Brief Details.

I WAS DRIVING FROM SLE TOWARDS CTE AFTER LENTOR EXPRESSWAY IN BETWEEN LAMP POST 166 & 164 THE ACCIDENT TOOK PLACE WITH AN COMFORT TAXI SHD4260Z. I WAS TRAVELING FROM 2ND LANE AND CHANGE TO 1ST LANE BECAUSE THERE WAS ROAD WORK ON THE 2ND LANE OF THE EXPRESSWAY BY (LEY CHOON). WHILE I WAS DRIVING ON THE 1ST LANE A COMFORT TAXI SUDDENLY CUT IN FROM THE 2ND LANE (LEFT) (WITHOUT SIGNALING RIGHT) CAUSING SIDE SWIPE FROM LEFT SIDE HITTING MY LEFT SIDE OF MY CAR AND CONTIUNE DRIVE ON STRAIGHT. MY CAR SOMEHOW WAS MANAGE TO CONTROL AND IT CAME TO A STOP ON THE 2ND LANE WITHOUT INJURING ANY WORKERS. I WENT DOWN TO CHECK THE SURROUNDING AND CHECK WITH THE WORKERS IF ANYONE INJURED. I COULDN'T SEE THE TAXI AS IT WENT FAR TO STOP. I WALK OVER TO THE TAXI AND CHECK IS THE DRIVER IS OK, WHEN I REACH THE TAXI THERE WAS 1 INDIAN PASSENGER AGE AROUND LATE 50'S SEATED RIGHT BEHIND THE TAXI DRIVER SEAT. THE DRIVER WAS NOT FOUND IN THE SEAT. I ASK THE TAXI PASSENGER HOW IS HE AND HE CLAIM HE WAS FEELING OK. IN A FEW MINUTES THE PARAMEDICS CAME TO THE TAXI AND CHECK ON THE PASSENGER AND ME AND BROUGHT US TO THE AMBULANCE TO DO FURTHER CHECKS. I SAW THE TAXI DRIVER WAS TALKING WITH THE TRAFFIC POLICE. TRAFFIC POLICE CAME DOWN TO CHECK AND TOOK MY PARTICULARS AND TOLD ME THE IO WILL CALL ME FOR FURTHER INVESTIGATION. MY CAR CAMERA SD CARD WAS ALSO SURRENDER TO THE TRAFFIC POLICE. EMAS CLEAR MY CAR FROM THE ACCIDENT SCEN.



**SINGAPORE
POLICE FORCE**

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10 Ubi Avenue 3 SINGAPORE 408865
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T/20240916/7127

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Report No. T/20240916/7127

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KAMALIAH BINTE KAMIS
Contact No.: 65476433

NP168

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

Date/Time:
16/09/2024 19:51

Classification Of Case: