

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 | 26/09/2024 10:42 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 24/09/2024 19:15 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SLIP RD OF SEMBAWANG RD ENTERING YISHUN AVE 1 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMA2191J |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | Yes |
| Name Of Registered Owner | VNV E&C PTE. LTD. |
| Company Reg No | 2XXXXX909Z |
| Email Address | PANDIAN@VNV.COM.SG |
| Mobile Phone No | (Phone) +65-92727743 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Kia |
| Model | Cerato |
| 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 | 1591 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5140246005 |

DRIVER

| | |
|--|------------------------------|
| Name of Driver | VEERAAIAH NAGASUNDARAPANDIAN |
| Work Permit No | GXXXX737M |
| Date Of Birth | 11/11/1980 |
| Occupation | Outdoor |
| Driving Pass Date | 12/01/2019 |
| Driving License Pass Class | 3C |
| Driving License Validity | Valid |
| Driving experience | 5 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92727743 |
| Alt. Phone Number | - |
| Email Address | PANDIAN@VNV.COM.SG |
| Address | 18 BOON LAY WAY |
| Address complement | #03-96 TRADEHUB 21 |
| Postcode | 609966 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 to Rear |
| 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 ATTACH

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 | GBG5422Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 | VEERAAIAH NAGASUNDARAPANDIAN |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | 3 DAYS MC |
| Injured person in which vehicle? | SMA2191J |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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B. 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

V-SY

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



Witnessed by Reporting Centre Personal (Name as in NRIC/ND card)

Sketch Plan

Describe Circumstance of the Accident

Refer to Police Report

No. T/20240925 / 7113

Declaration

(We declare the above particulars are true in every respect.)



Policyholder's Signature / Date & Time

V. C. S.

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



Witnessed by Reporting Centre Personnel
(Name as in NRICND card)



**SINGAPORE
POLICE FORCE**



T/20240925/7113

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

1 of 3

Report No. T/20240925/7113

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------|------------------------------|---|--------------------|--|
| Date/Time Report Made: 25/09/2024 21:10 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: VEERAIAH NAGASUNDARAPANDIAN | | | Address: 3 ST. GEORGE'S ROAD #03-85 SINGAPORE 320003 | | |
| ID Type / ID No.: FIN NO / G7413737M | | | Contact No.: Home/Office: Mobile: 92727743 | | |
| Nationality: INDIAN | | | Email: SUNDAR.VEE4477@GMAIL.COM | | |
| Sex: Male | Age: | Date of Birth: 11/11/1980 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | |
| Occupation: Director | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|--|------------------|--------------------|--|--|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 24/09/2024 19:15 | Type of Location: |
| Location: YISHUN AVENUE 1 | | | | |
| Weather: | | Road Surface: | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|-----------|------|-------|-------|----------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| GBG5422Y | Motor car | | | | Seriously Damaged | 0 |
| SMA2191J | 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/20240925/7113

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

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Report No. T/20240925/7113

CONTINUATION OF REPORT

| Driver | | | |
|--|-----------------------------|--|-----------------------------------|
| Name | VEERAJAH NAGASUNDARAPANDIAN | ID No. | G7413737M |
| Related Vehicle | SMA2191J (Motor car) | Contact No. | 92727743 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave (MC) | 03 | Degree of Injury | Serious |

Brief Details.

On the stated date and time, I was driving my vehicle SMA2191J along Sembawang road going towards Yishun Avenue 1 with my seatbelt on.

I was stationary along the filter lane stop line, waiting for traffic to be cleared along the main road. Suddenly, a massive impact slammed into the rear of my vehicle, causing my vehicle to surge forward greatly. The impact was huge which caught me totally off guard. The impact caused my left knee to knock against the dashboard and my body lurch forward, only to be restrained by the seatbelt. I was shocked.

Upon alighting, I realised a van GBG5422Y had collided onto my vehicle rear portion, leaving it badly damaged. I also realised the front portion of GBG5422Y was badly dented.

The following morning, I started feeling pain on my neck, shoulders and lower back area. The pain on my left knee also got worse. I decided to seek medical treatment at Intemedical Potong Pasir on my way back home.

I was given 3 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**

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



T/20240925/7113

3 of 3

Report No. T/20240925/7113

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

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

Date/Time:
25/09/2024 21:10

Classification Of Case:

NP168