

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	12/09/2024 10:08 (SGT)
Reported by	Actual Driver
Date of Accident	10/09/2024 11:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BUKIT BATOK EAST AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB3000L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JANE CAR RENTAL PTE. LTD.
Company Reg No	2XXXXX150Z
Email Address	INFO@MAXICABZ.COM.SG
Mobile Phone No	(Phone) +65-86791900
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	0
Vehicle Fuel	Petrol-Electric
First Registration Date	09/04/2024
Chassis no	JTNACAAH008001703
Effective Date/Time of Ownership	09/04/2024 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5142340382-000011

DRIVER

Name of Driver	MURALI S/O S RAJOO
NRIC No	SXXXX746D
Date Of Birth	04/02/1975
Occupation	Outdoor
Driving Pass Date	30/10/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86791900
Alt. Phone Number	-
Email Address	INFO@MAXICABZ.COM.SG
Address	62 FLORA DRIVE #05-47
Address complement	-
Postcode	506859
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 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	GBF3111M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	/5324S
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MURALI S/O S RAJOO
Gender	Male
Phone No	(Phone) +65-86791900
Address	62 FLORA DRIVE #05-47
Address Complement	-
Post Code	506859
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGB3000L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

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

Sketch Plan

Along Bukit Batok East Ave 3				A: SG83000L	
				B: GBF3111M / 53245	

vJun2022

Describe Circumstance of the Accident

On the stated time and date, I was stationary at the traffic light when suddenly inside vehicle A, SG830006 when suddenly vehicle B, G18F3111M bump me from the rear.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

LOH

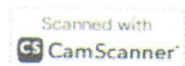
Policyholder's Signature / Date & Time

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

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

vJun2022

2





**SINGAPORE
POLICE FORCE**



T/20240911/7086

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

1 of 3

Report No. T/20240911/7086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2024 15:59	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MURALI S/O S RAJOO			Address: 62 FLORA DRIVE #05-47 SINGAPORE 506859		
ID Type / ID No.: NRIC NO / S7501746D			Contact No.: Home/Office: Mobile: 86791900		
Nationality: SINGAPORE CITIZEN			Email: INFO@MAXICABZ.COM.SG		
Sex: Male	Age: 49	Date of Birth: 04/02/1975	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident: Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 10/09/2024 11:55	Type of Location:
Location: BURGUNDY CRESCENT			
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
GBF3111M	SCDF					0
SGB3000L	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/20240911/7086

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

2 of 3

Report No. T/20240911/7086

CONTINUATION OF REPORT

Driver			
Name	MURALI S/O S RAJOO	ID No.	S7501746D
Related Vehicle	SGB3000L (Motor car)	Contact No.	86791900
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	Slight

Brief Details.

ON THE STATED TIME AND DATE, I WAS STATIONERY AT THE TRAFFIC LIGHT INSIDE VEHICLE A, SGB3000L WHEN SUDDENLY, VEHICLE B, GBF3111M/5324S COLLIDED ONTO ME FROM THE REAR.



**SINGAPORE
POLICE FORCE**



T/20240911/7086

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

3 of 3

Report No. T/20240911/7086

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: 11/09/2024 15:59
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	Classification Of Case:

NP168