

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	24/10/2024 10:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/10/2024 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC1824A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KENNETH SUDEKAR S/O EDWIN JEYASEELAN
NRIC No	SXXXX298I
Email Address	KSUDEKAR@YAHOO.CO.UK
Mobile Phone No	(Phone) +65-94516597
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
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	1496
Vehicle Fuel	Petrol
First Registration Date	03/05/2016
Chassis no	RU11114361
Effective Date/Time of Ownership	07/05/2024 09:05 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5145145272

DRIVER

Name of Driver	KENNETH SUDEKAR S/O EDWIN JEYASEELAN
NRIC No	SXXXX298I
Date Of Birth	29/02/1972
Occupation	Indoor
Driving Pass Date	20/10/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-94516597
Alt. Phone Number	-
Email Address	KSUDEKAR@YAHOO.CO.UK
Address	BLK 304 SHUNFU ROAD 04-83 SINGAPORE 570304
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
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	ANGELINA
Gender	Female

PASSENGER 2

Name	ARIEL
Gender	Female

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

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 SKP9090R
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SNF2699Z
 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 ARIEL
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLC1824A
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

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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 24/10/24


Driver's Signature (If driver is not the policyholder) / Date
& Time 24/10/24

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
Witnessed by Reporting Centre
Personnel

Sketch Plan

UPPER THOMSON ROAD-

SKP 9090R SLC18JPA SNF26 99Z

- Refer to Police report ~~Sketch plan~~

We declare the foregoing particulars are true in every respect.

24/10/24

24/10/24

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
Witnessed by (Signature) Centre
Personnel


































**SINGAPORE
POLICE FORCE**


T/20241024/7005

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

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Report No. T/20241024/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2024 00:49		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: KENNETH SUDEKAR S/O EDWIN JEYASEELAN		Address: 304 SHUNFU ROAD #04-83 SINGAPORE 570304		
ID Type / ID No.: NRIC NO / S7211298I		Contact No.: Home/Office: Mobile: 94516597		
Nationality: SINGAPORE CITIZEN		Email: ksudekar@yahoo.co.uk		
Sex: Male	Age: 52	Date of Birth: 29/02/1972	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: Mechanical engineer		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/10/2024 19:20	Type of Location: Straight Road
Location: UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP9090R	Motor car	MERCEDES BENZ	C180	White	Slightly Damaged	0
SLC1824A	Motor car	HONDA	Vezel	Black	Seriously Damaged	2
SNF2699Z	Motor car	MAZDA		Black	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20241024/7005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLC1824A	INCOME INSURANCE	5145145272	24/04/2024	02/05/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KENNETH SUDEKAR S/O EDWIN JEYASEELAN		ID No.	S7211298I
Related Vehicle	SLC1824A (Motor car)		Contact No.	94516597
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	NIL
Passenger				
Name	ANGELINA		ID No.	S7288056J
Related Vehicle	SLC1824A (Motor car)		Contact No.	96700293
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)	NIL		Degree of Injury	NIL
Passenger				
Name	ARIEL		ID No.	T1232639J
Related Vehicle	SLC1824A (Motor car)		Contact No.	96700293
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/10/2024		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20241024/7005

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

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Report No. T/20241024/7005

CONTINUATION OF REPORT

Driver			
Name	LIM KE HAN		ID No. S9338212I
Related Vehicle	NIL		Contact No. NIL
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)	NIL	Degree of Injury	NIL
Driver			
Name	TAN JIAN TONG		ID No. S9647884D
Related Vehicle	NIL		Contact No. 97618882
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)	NIL	Degree of Injury	NIL

Brief Details.

I was driving along Upper Thomson road opposite Meadows @ Peirce condominium. I was together with my wife and my daughter was seated in the back.
I was driving in the middle lane within the speed limit and realized there was an accident that had taken place in the same lane. I was able to brake on time without hitting the stationary car(White Mercedes SKP9090R) in front of me. Suddenly there was car(Black Mazda SNF2699Z) approaching behind me at quite a fast speed and had collided to the rear of my vehicle. The impact caused my car to move and hit the car in front of me. My daughter who was seated in the back seat asleep, her head hit onto the window due to the impact from the car hitting onto the rear of my vehicle. She began to cry in pain.
I called for Police assistance first to inform that an accident had taken place. Police came down together with an ambulance and the paramedics checked on my daughter.
My daughter was not conveyed to the hospital and I was advised to monitor my daughter at home and to call for ambulance if her condition get worst.

No damage to government property and no pedestrian was injured during the accident.

**SINGAPORE
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10 Ubi Avenue 3 SINGAPORE 408865
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T/20241024/7005

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Report No. T/20241024/7005

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
RAZIZ BIN TAHAR
Contact No.: 65476195

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

Date/Time:
24/10/2024 00:49

Classification Of Case:

This report is lodged at Woodlands East NPC Kiosk 1
NP168