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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KENNETH SUDEKAR S/O EDWIN JEYASEELAN NRIC No SXXXX298I Fmail 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 Regisration 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 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? 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 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) 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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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. The 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.
- 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' law yers/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' law yers/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 law yers/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

much

& Time 24/10/24

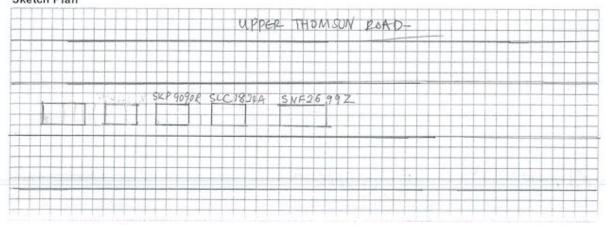
CITY AUTO PTE LTD

Blk 8 Sin Ming Road 58/60/62 Sin Ming Ind Est Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

Witnessed by Reposting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident	
	Programme and the
395 EM 22	
Potice plan	
Dox	
VIV.	Academie (
tice otav	garanter.
Politica	del con c
. Steat	men or I is
a la to	TOTAL DESCRIPTION
- Detr	2 Mil 05
	Contract of the Contract of th
	A Proper
The state of the s	7 1/15
	The second
	-1.
	-

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

24/10/24

Driver's Signature (If driver is not the policyholder) / Date

24/10/24

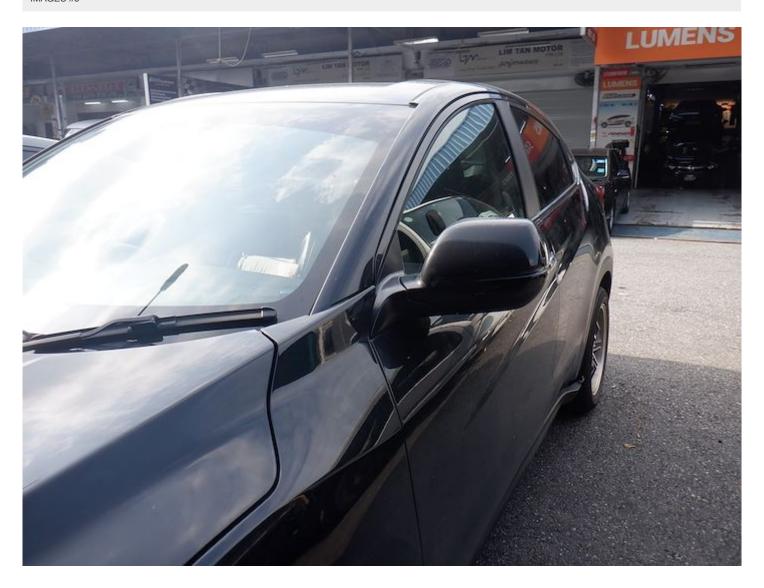
CITY AUTO PTE LTD Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapore 575643 Tel: 6453 1235 Fax: 6453 7944 Witnessed Claims Section) tre Personnel

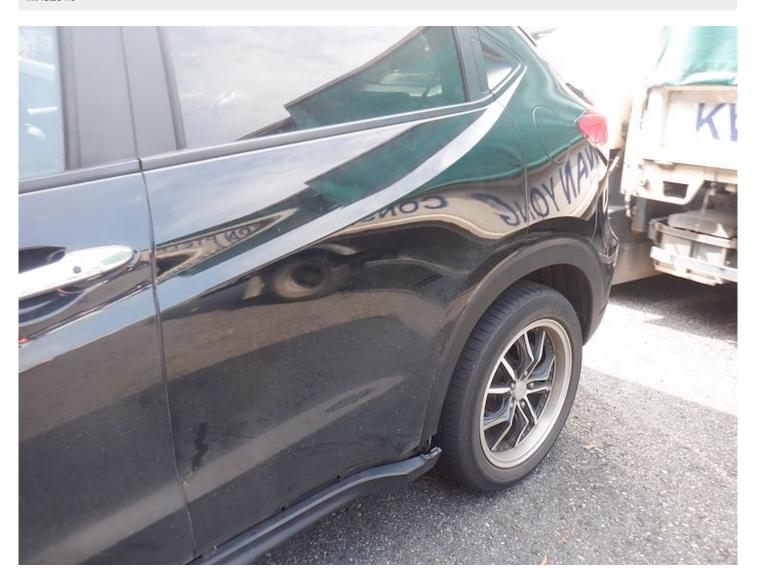


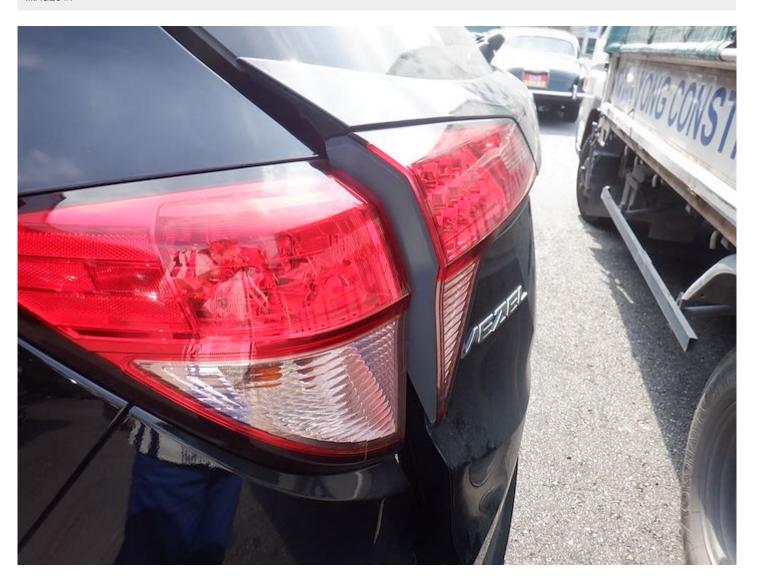










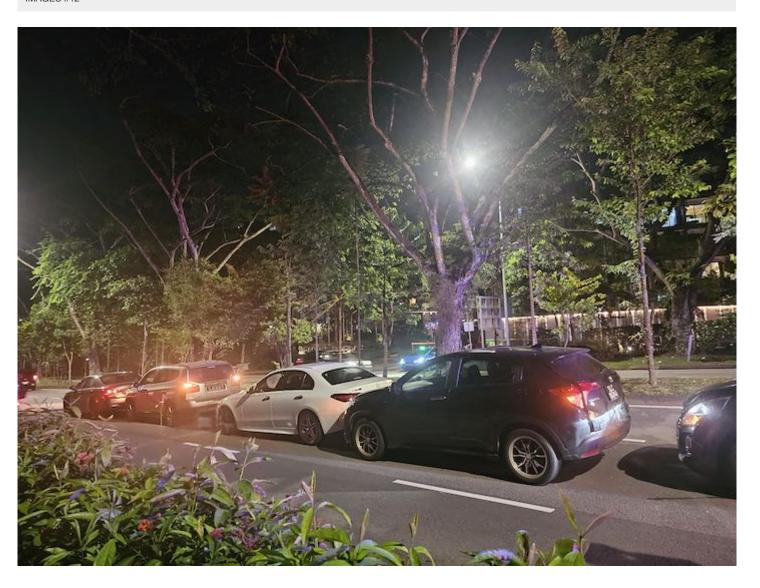
























Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20241024/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2024 00:49		ide:	Vide Report No.:	Station Diary No.:			
Informani	's Particular	S					
		R S/O EDWIN	Address: 304 SHUNFU ROAD #04-8	33 SINGAPORE 570304			
ID Type / ID No.: NRIC NO / S7211298I		31	Contact No.: Home/Office:	7.11			
Nationality: SINGAPORE CITIZEN		N	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:				

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 THOMSO	N ROAD	Road Surface:				
Clear		Dry				
Oldai			7	Traffic Volume: Heavy		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	100000			

Vehicle No.	Туре	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



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



2 of 4 Report No. T/20241024/7005

CONTINUATION OF REPORT

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

Details of Person I	nvolved				
Any Pedestrian In	volved: No				
No. of Pedestrians	Injured: NIL	Use of Pedestrian Crossing: NA			
Driver			3000		
Name	KENNETH SUDEKAR S/O EDWIN JEYASEELAN	ID	No.	S7211298I	
Related Vehicle	SLC1824A (Motor car)	Co	ntact No	o. 94516597	
Hospital/Clinic	NIL		NIL Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NII		
	ed Medical Leave (MC) NIL	Degree of Injur	arrange arrange		
Passenger	STATE OF STREET		A CHIEF	200	
Name	ANGELINA		No.	S7288056J	
Related Vehicle	SLC1824A (Motor car)		ntact No	o. 96700293	
Hospital/Clinic	NIL	Dr Lie	ass of iving cence & piry Dat	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	e NI	L	
	ed Medical Leave (MC) NIL	Degree of Injur		L	
Passenger					
Name	ARIEL	ID	No.	T1232639J	
Related Vehicle	SLC1824A (Motor car)		ontact N	o. 96700293	
Hospital/Clinic	NIL		ass of iving cence & opiry Dat		
Date Treatment	24/10/2024	Date Discharge	e NI	L	
- are reconstruction	ed Medical Leave (MC) NIL	Degree of Injur			



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



3 of 4

Report No. T/20241024/7005

CONTINUATION OF REPORT

Driver				HERE	18181	
Name	LIM KE HAN			ID No.		S9338212I
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL		
No. of Days granted Medical Leave (MC) NIL			Degree of	Degree of Injury NIL		
Driver				11881		
Name	TAN JIAN TONG		ID No.		S9647884D	
Related Vehicle	NIL			Contact No.		97618882
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	
No. of Days grante	ed Medical Leave (MC)	NIL	The second secon	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 infront 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.



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



4 of 4 Report No. T/20241024/7005

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.

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

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

This report is lodged at Woodlands East NPC Kiosk 1 NP168