

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	30/10/2024 17:10 (SGT)
Reported by	Actual Driver
Date of Accident	29/10/2024 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TUNNEL TOWARDS EXIT 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND3673B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SHARMA ANSHIKA
NRIC No	SXXXX400I
Email Address	YUKESAN_5@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81296113
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS ELEGANCE (AUTO)(2WD)
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	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2006231028-01

DRIVER

Name of Driver	YUKESAN MUTHALIAR
NRIC No	SXXXX625H
Date Of Birth	05/07/1990
Occupation	Indoor
Driving Pass Date	20/10/2022
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-81296113
Alt. Phone Number	-
Email Address	YUKESAN_5@HOTMAIL.COM
Address	420 UPPER PAYA LEBAR ROAD#04-16
Address complement	-
Postcode	534049
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN2963S
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)	-

SKETCH PLAN

IMPORTANT NOTICE

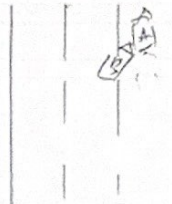
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving 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

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



A) SNO 3673B

B) SLW 2963S

Describe Circumstances of the Accident

On 29th October 2024 at about 1800 hours, while I was travelling along EPE tunnel towards Exit 5 Upper Paya Lebar Road. while I was travelling on the right most lane and the traffic was heavy, my front vehicle stopped and I followed suit. Suddenly I heard a loud bang from behind, I ~~stopped~~ stopped and realized that it was vehicle (B) which was trying to filter to the right lane had collided into the left rear portion of my car (A) causing damages to my vehicle. I was the only person in my car. Car (B) refused to stop and ran away after the collision.

A) SMD 3673R

B) SLN 2A63C

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own own comprehensive policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20241030/7076

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

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Report No. T/20241030/7076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2024 16:42			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: YUKESAN MUTHALIAR			Address: 420 UPPER PAYA LEBAR ROAD #04-16 SINGAPORE 534049			
ID Type / ID No.: NRIC NO / S9055625H			Contact No.:		Mobile: 81296113	
Nationality: MALAYSIAN			Email: YUKESAN_5@HOTMAIL.COM			
Sex: Male	Age: 34	Date of Birth: 05/07/1990	Type of Informant: Driver			
Race: Indian			Language: English			
Occupation: Community, partnership and relations manager			Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/10/2024 18:00	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN2963S	Motor car					0
SND3673B	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/20241030/7076

2 of 3

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

Report No. T/20241030/7076

CONTINUATION OF REPORT

Driver			
Name	YUKESAN MUTHALIAR		ID No. S9055625H
Related Vehicle	SND3673B (Motor car)		Contact No. 81296113
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.

On 29th October 2024 at about 18:00 hours, while I was travelling along KPE tunnel towards Exit 5 Upper Paya Lebar Road. I was travelling on the right most lane and the traffic was heavy, my front vehicle stopped and I followed suit. Suddenly I heard a loud bang from behind, I stopped and realized that it was vehicle (B) had collided into the left rear portion of my vehicle (A) causing damages to my vehicle. I was the only person in my car. Vehicle (B) refused to stop and ran away after the collision.

Vehicle (A): SND3673B

Vehicle (B): SLN2963S



**SINGAPORE
POLICE FORCE**



T/20241030/7076

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20241030/7076

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:
30/10/2024 16:42

Officer In Charge Of Case:
TP / HRT /
NEO ZHI YUAN
Contact No.: 65476079

Classification Of Case:

NP168