

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	18/06/2024 11:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/06/2024 11:29 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	NEAR BALESTIER EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR6420H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KINJAVDEKAR SHEKHAR BHALCHANDRA
NRIC No	S2710496G
Email Address	KINSHEKHAR1@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98322343
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2000000160-04

DRIVER

Name of Driver	KINJAVDEKAR SHEKHAR BHALCHANDRA
NRIC No	S2710496G
Date Of Birth	04/06/1961
Occupation	Indoor

Driving Pass Date	11/05/2001
Driving experience	23 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98322343
Alt. Phone Number	-
Email Address	KINSHEKHAR1@YAHOO.COM.SG
Address	20 CANBERRA DRIVE #13-01
Address complement	-
Postcode	768425
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	5
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	JAYASHREE KINJAVDEKAR
Gender	Female

PASSENGER 2

Name	ANOOP KINJAVDEKAR
Gender	Male

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 THE 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	SBG500M
Vehicle Manufacturer	Audi
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	SMW872A
Vehicle Manufacturer	BMW
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 3

Vehicle Registration Number	SLN6200J
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 4

Vehicle Registration Number	SGL3689Y
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	JAYASHREE KINJAVDEKAR
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN BELOW RIBCAGE
Injured person in which vehicle?	SMR6420H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

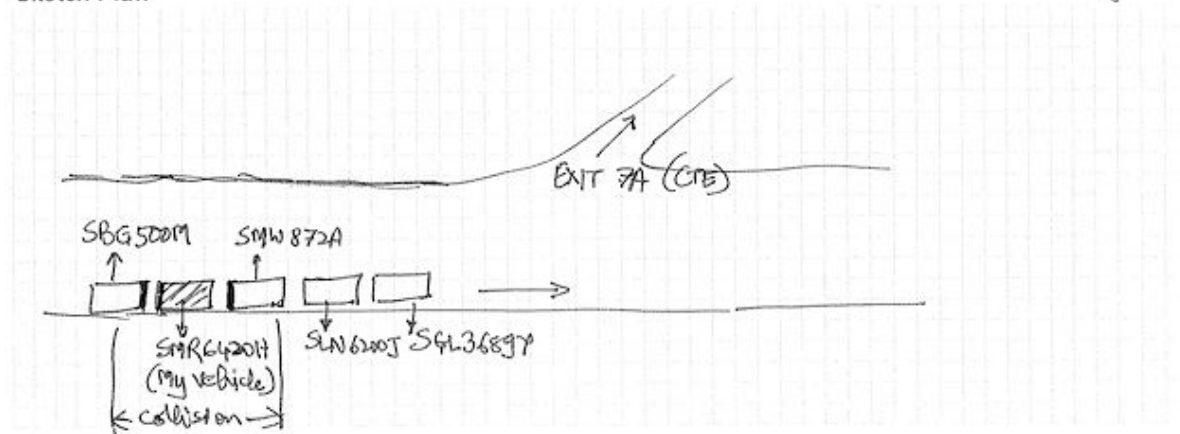
(collectively the "Purposes")

(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.

<p><i>Signature</i> 18 JUNE 2024 10 am</p>	<p>Policyholder's Signature / Date & Time</p>	<p><i>Signature</i></p>	<p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p><i>Signature</i></p>	<p>Witnessed by Reporting Centre Personnel</p>
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Sketch Plan



Describe Circumstances of the Accident

On the 17th JUNE 2024 on or about 11.50-12.00 noon, I was driving from YISHUN (where I started) towards ORCHARD ROAD along CTE. Just before the CTE exit 7A for Balestier, the car in front of my car - SMW 872A - braked suddenly and decelerated drastically.

I applied the brakes as hard as I could, and as soon as I realised the car in front was stopping but I felt the car screeching to a halt, and felt two impacts, one at the rear of my car, and one in front. The airbags deployed and the car cabin filled with smoky smell from the airbags.

The traffic was not moving very fast and my guess is we were driving along at around 80 kmph. The weather was bright and sunny and was clear. Road was dry.

We (all three passengers) exited the vehicle and took photos of the other vehicles as well. There were 5 vehicles involved and luckily no one appeared seriously injured. All the drivers involved were out and walking and exchanging particulars.

The 5 vehicles in the sequence as in the accident are shown in the sketch. My vehicle collided with SMW 872A and was in turn hit by the vehicle behind SBC 500M. It happened so quickly that it is impossible for me to know any sequence or pattern. The SMW 872A was driven by MR. SITI AND the SBC 500M was driven by MR. SON G.

The vehicle in front did not seem to have much damage in the rear where my vehicle collided. This can be seen in the photo. The damage to my car ~~seemed to~~ and to car behind is also seen in photos.

The SP Traffic police arrived in a short while, and towed my vehicle to the Bendemeer Heavy vehicles carpark. From there we arranged with AGC to tow the vehicle to Eurokars Pte. Ltd.

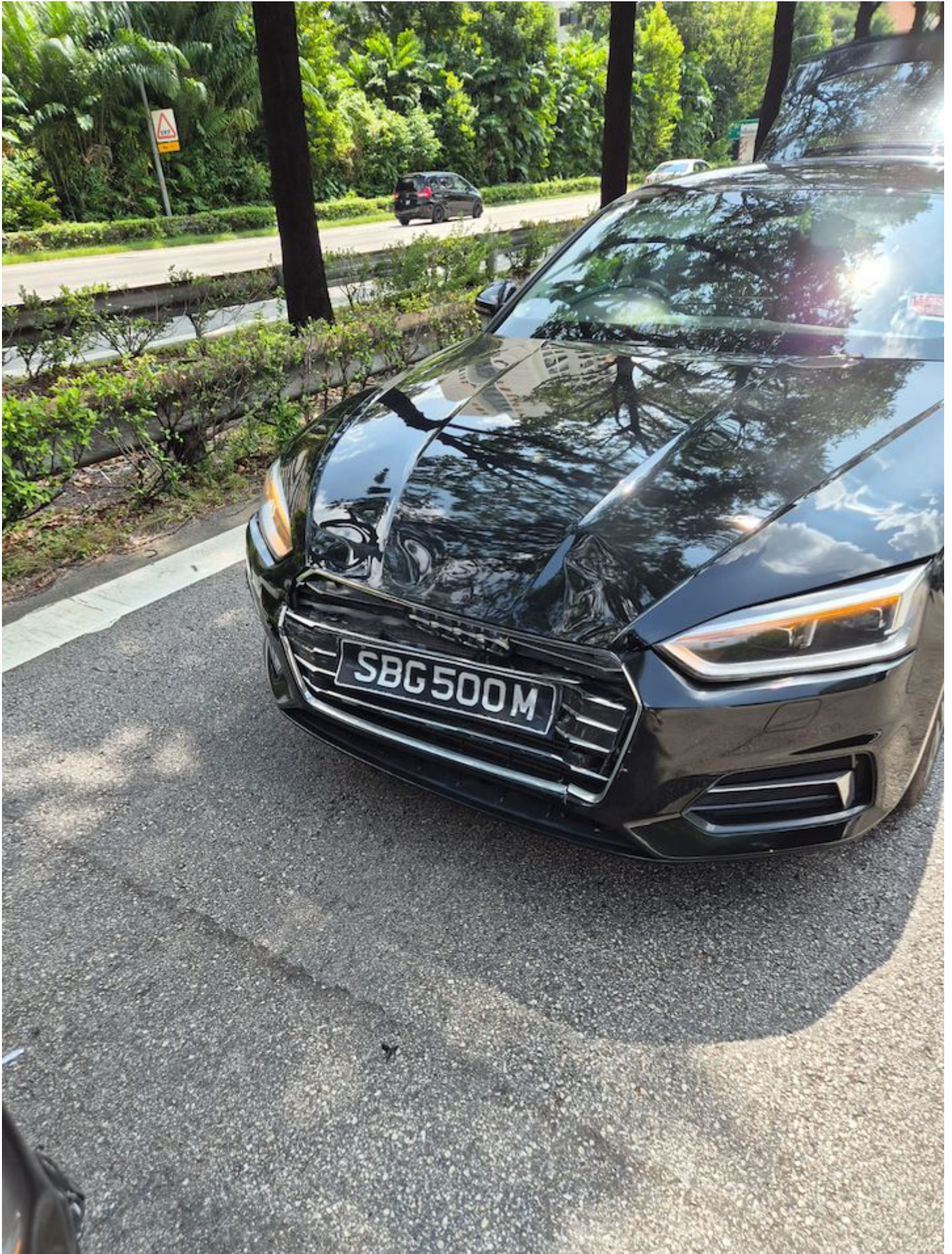
Declaration

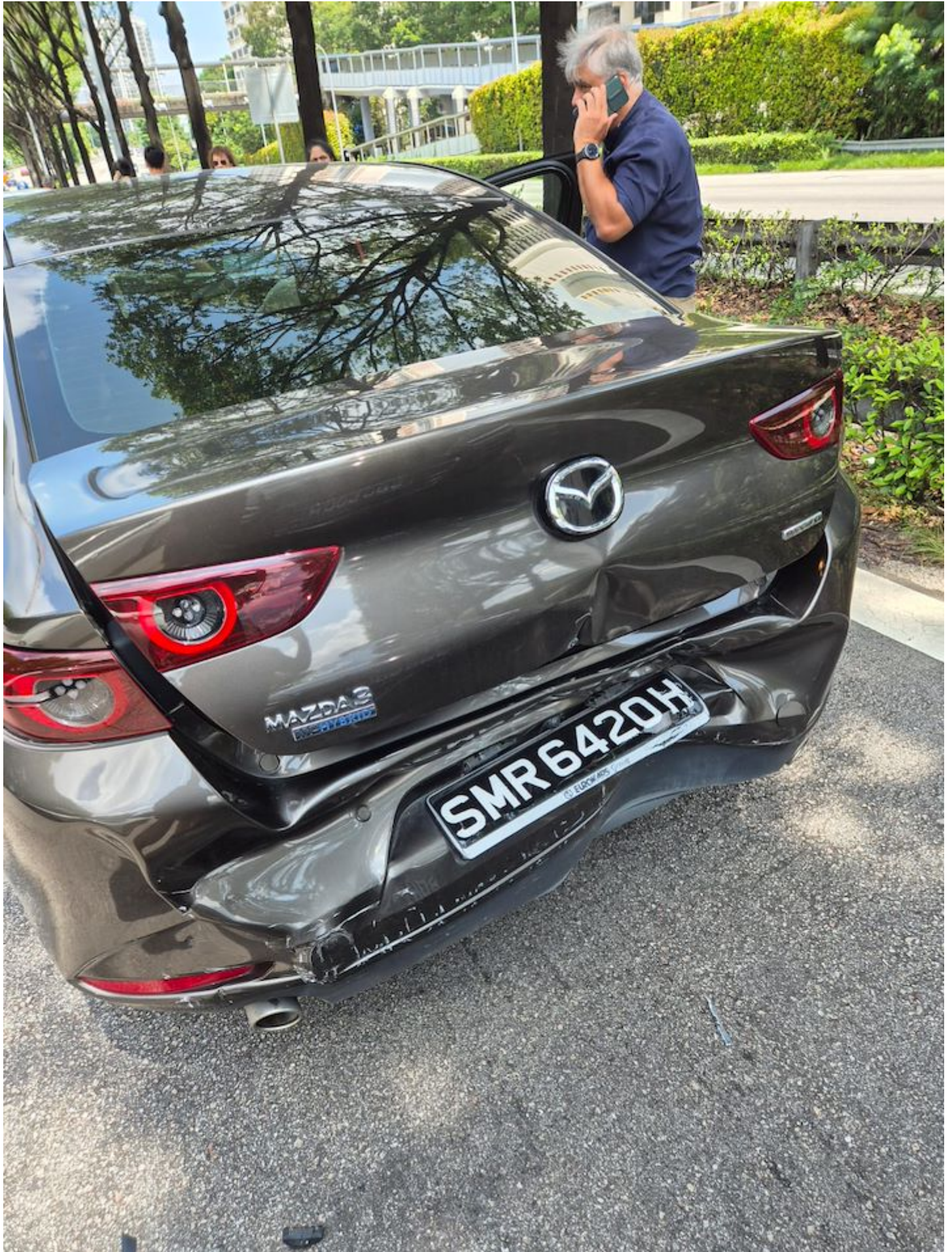
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
10.15 am

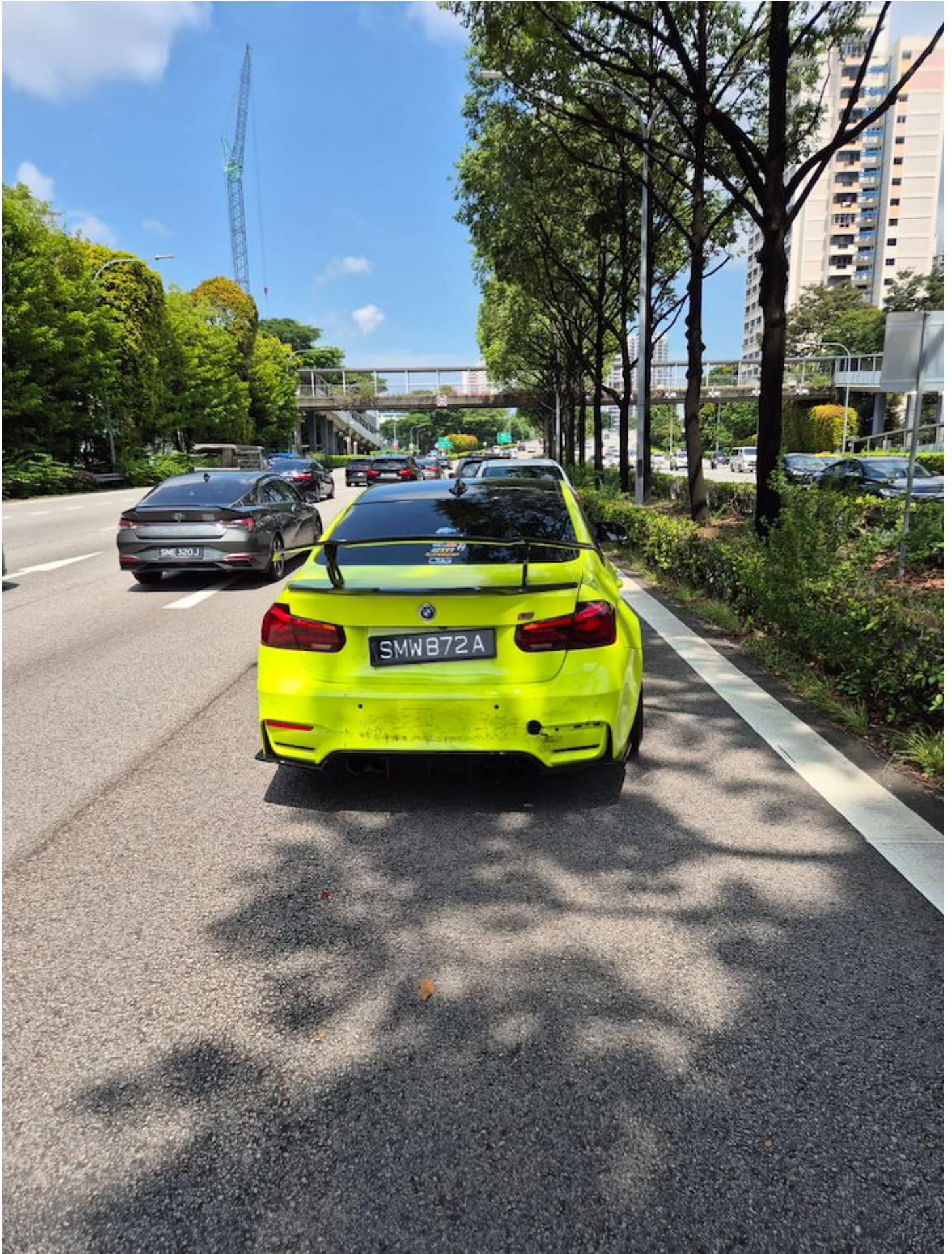
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel













Galaxy S23 Ultra



Galaxy S23 Ultra



Galaxy S23 Ultra



**SINGAPORE
POLICE FORCE**



T/20240620/7067

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

1 of 4

Report No. T/20240620/7067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2024 16:18		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: KINJAVDEKAR SHEKHAR BHALCHANDRA		Address: 20 CANBERRA DRIVE #13-01 YISHUN EMERALD SINGAPORE 768425		
ID Type / ID No.: NRIC NO / S2710496G		Contact No.: Home/Office:		Mobile: 98322343
Nationality: INDIAN		Email: KINSHEKHAR1@YAHOO.COM.SG		
Sex: Male	Age: 63	Date of Birth: 04/06/1961	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: Company director		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/06/2024 11:50	Type of Location: Straight Road
Location: WHAMPOA DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SBG500M	Motor car	AUDI				0
SGL3689Y	Motor car	HONDA		Black		0
SLN6200J	Motor car	TOYOTA				0
SMR6420H	Motor car	MAZDA	MAZDA3 4DR 1.5 AT M- HYBRID ELEGANCE	Grey		0



**SINGAPORE
POLICE FORCE**



T/20240620/7067

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

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Report No. T/20240620/7067

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMW642A	Motor car	BMW				0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMR6420H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2000000160-04	16/01/2024	15/01/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KINJAVDEKAR SHEKHAR BHALCHANDRA		ID No.	S2710496G
Related Vehicle	SMR6420H (Motor car)		Contact No.	98322343
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	SITT WEI HONG LEX		ID No.	NIL
Related Vehicle	SMW642A (Motor car)		Contact No.	82239457
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	Slight



**SINGAPORE
POLICE FORCE**



T/20240620/7067

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

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Report No. T/20240620/7067

CONTINUATION OF REPORT

Driver			
Name	SONG TSU LIANG		ID No. NIL
Related Vehicle	NIL		Contact No. 98562289
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.

Car was travelling along CTE, just before the Balestier Exit number 7D. The car in front of my vehicle braked and decelerated suddenly. My car was the 4th car in a chain collision involving 5 vehicles.



**SINGAPORE
POLICE FORCE**

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



T/20240620/7067

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Report No. T/20240620/7067

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

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

Date/Time:
20/06/2024 16:18

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

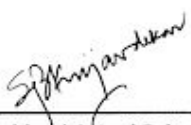
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: ST12246I0002-01 Vehicle Registration No: SMR6420H
 Name (as shown in NRIC): KINJAVDEKAR SHEKHAR BHALCHANDRA NRIC/FIN/Passport No: SXXXX496G
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 20 CANBERRA DRIVE #13-01 Singapore ()
 Contact (Tel): _____ Mobile No.: +65-98322343
 Email Address: _____
 Date of Accident: 17/06/2024 Time of Accident: 11:29 (SGT)
 Place of Accident: CTE, Singapore
 Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To attach police report


 Policyholder / Actual Driver's Signature
 Date: 20/6/2024


 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: