

# 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 .....	18/11/2024 17:16 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	16/11/2024 14:30 (SGT)
Exact Location of Accident .....	Pasir Ris St. 52, Singapore
Additional Location Information .....	Pasir Ris Drive 3
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNN8695C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MANIVANNAN HARISH KUMAR
NRIC No .....	SXXXX012Z
Email Address .....	nelsongohsales@gmail.com
Mobile Phone No .....	(Phone) +65-97114313
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Sienta
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 .....	1500
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	MXPL101036004
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5142257060

### DRIVER

Name of Driver .....	MANIVANNAN HARISH KUMAR
NRIC No .....	SXXXX012Z
Date Of Birth .....	24/07/1973
Occupation .....	Outdoor
Driving Pass Date .....	15/11/1999
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	25 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97114313
Alt. Phone Number .....	-
Email Address .....	nelsongohsales@gmail.com
Address .....	BLK. 325A SUMANG WALK #14-981
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 .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	2
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 .....	MD RIYAN SHAH BIN MD HISRAN
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 Police Report.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	At the workshop

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLA5336B
Vehicle Manufacturer .....	Ssangyong
Vehicle Model .....	Tivoli
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 .....	MANIVANNAN HARISH KUMAR
Gender .....	Male
Phone No .....	(Phone) +65-97114313
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	Serious.
Injured person in which vehicle? .....	SNN8695C
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.
- (b) 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.

*M. R. S. S. S.*

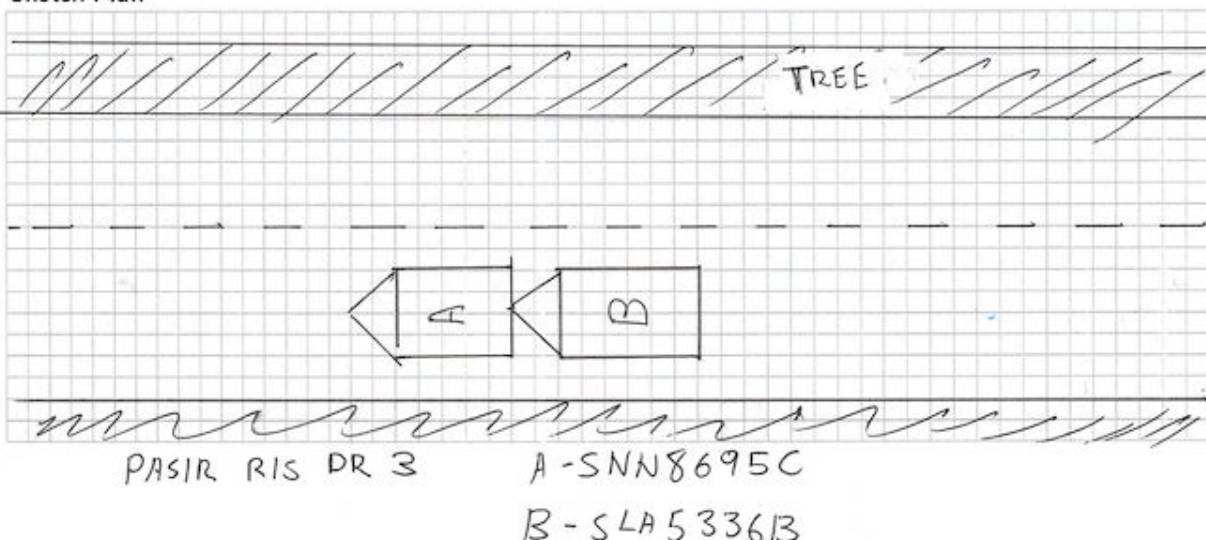
Policyholder's Signature / Date & Time

*M. R. S. S. S.*

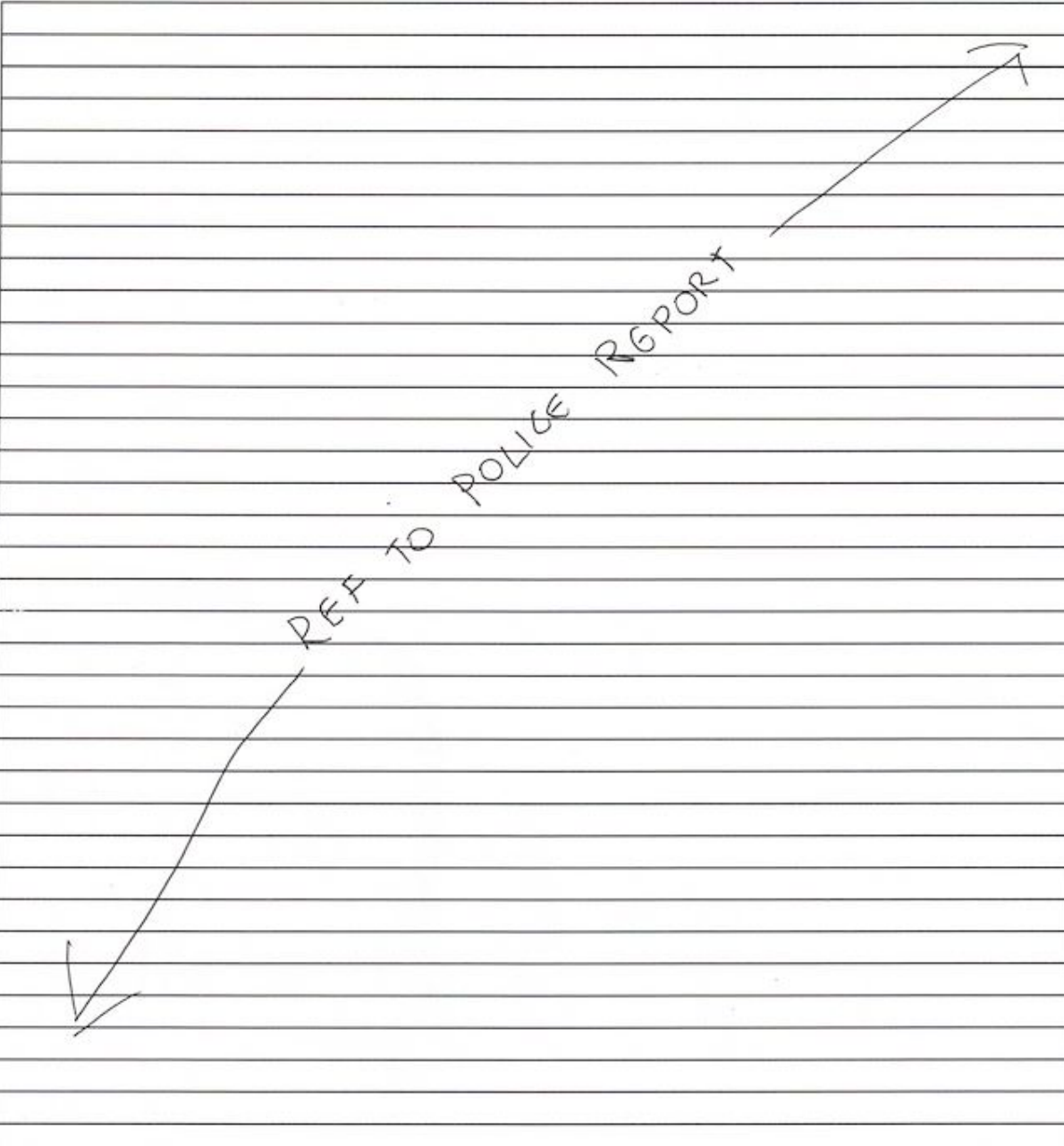
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*

Witnessed by Reporting Centre Personnel

**Sketch Plan**

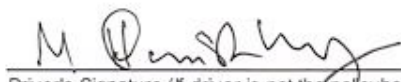
## Describe Circumstances of the Accident

	
Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage claim under your own comprehensive policy. please check with your policy for more information.	

## Declaration

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/20241118/7047

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

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Report No. T/20241118/7047

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2024 11:49	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MANIVANNAN HARISH KUMAR			Address: 325A SUMANG WALK #14-981 SINGAPORE 821325		
ID Type / ID No.: NRIC NO / S7382012Z			Contact No.: Home/Office: Mobile: 97114313		
Nationality: SINGAPORE CITIZEN			Email: HARISHKUMAR534@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 24/07/1973	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive:	No	Date/Time of Accident:	16/11/2024 14:30	Type of Location:	Straight Road
Location:  PASIR RIS STREET 52							
Weather: Heavy rain		Road Surface: Wet					
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	
1. Make and Model	
2. Year	
3. Color	
4. License Plate Number	
5. VIN (Vehicle Identification Number)	
6. Description of Damage	
7. Location of Damage	
8. Date of Incident	
9. Time of Incident	
10. Location of Incident	
11. Name of Driver	
12. Name of Owner	
13. Name of Insurer	
14. Policy Number	
15. Contact Information	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA5336B	Motor car				Slightly Damaged	0
SNN8695C	Motor car	TOYOTA	SIENTA HYBRID 1.5G CVT	Black	Seriously Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNN8695C	NTUC Income Insurance Co-Operative Limited	5142257060	28/12/2023	27/12/2024



**SINGAPORE  
POLICE FORCE**



T/20241118/7047

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Report No. T/20241118/7047

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

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MANIVANNAN HARISH KUMAR	ID No.	S7382012Z
Related Vehicle	SNN8695C (Motor car)	Contact No.	97114313
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)	05	Degree of Injury	Serious

**Brief Details.**

On the date stated i was driving along pasir ris st 52 with a passager along.  
While i was stationary due to front car stop, suddenly a car( SLA 5336B) hit my rear. The next day i felt unwell so i went to see doctor and was given 5 days mc.



**SINGAPORE  
POLICE FORCE**

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



T/20241118/7047

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Report No. T/20241118/7047

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LEE GUANG HUI  
Contact No.: 65476414

NP168

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

Date/Time:  
18/11/2024 11:49

Classification Of Case: