



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 willful 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 15:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/10/2024 17:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS (ANAK BUKIT FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY6303B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHINNATHAMBI KRISHNAN
NRIC No	S7561765H
Email Address	APEXIH@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98417275
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10711804R02

DRIVER



Name of Driver	CHINNATHAMBI KRISHNAN
NRIC No	S7561765H
Date Of Birth	10/05/1975
Occupation	Outdoor
Driving Pass Date	10/03/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98417275
Alt. Phone Number	-
Email Address	APEXIH@YAHOO.COM.SG
Address	BLK 668 JALAN DAMAI #03-71
Address complement	-
Postcode	410668
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	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)	4
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	TAY
Gender	Male

PASSENGER 2

Name	PREMKUMAR
Gender	Male

PASSENGER 3

Name	KUMRASAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 29/10/2024 AT ABOUT 1700HRS, I WAS DRIVING MY VEHICLE (SMY6303B) ALONG PIE TOWARDS TUAS ON THE SECOND LANE FROM THE EXTREME RIGHT LANE. DUE TO THE FRONT TRAFFIC AHEAD, THE FRONT VEHICLE SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE. WHEN I ALIGHTED, I REALISED IT WAS VEHICLE SHD9864Z FAILED TO STOP ON TIME, CAUSING THE COLLISION AND DAMAGED THE REAR PORTION OF MY VEHICLE SMY6303B.

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	SHD9864Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-87989859
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

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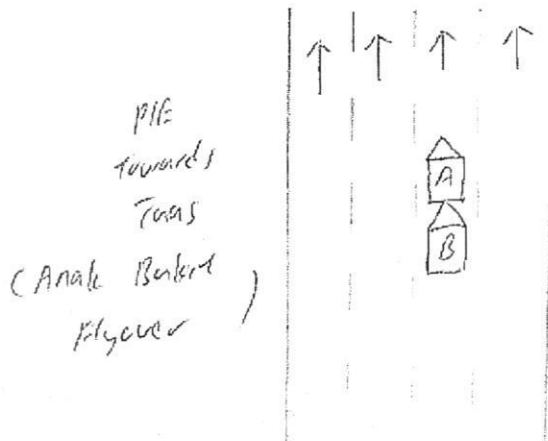
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow Insurers to repudiate policy liability.
4. The issue and acceptance of this Penalty Insurance Form does not constitute 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 to the GIC Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the report will be a fee-bearing 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 discretion and request of the report being made available elsewhere.
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 in this Form and any other personal information provided by me or possessed by my insurer (collectively my "Personal Information") and disclose and transfer such Personal Information to other person(s) who have insured vehicle(s) involved in this accident (or insurer(s) who have insured vehicle(s) involved in this accident) whether collectively referred to as the "Insurers", the Insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authorities (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claim and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my insurer's/insurers' obligations to my employer or me;
(iv) administering my claims (including any relevant statutory claims), payments, benefits, repairs or claims items, which involves the disclosure of certain personal data about me including but not limited to: The above and/or any other extended cover of my workshop and/or workshop repair;
(v) supplying such information for re-insurance, processing including with a dealing with my claims, for other solely the "Purposes";
(b) all person(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firm 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/are be collected by one of the Insurers and/or GIA to third third party service providers or agents (including their lawyers/law firm), which may be based 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 Registration Office Personnel

Sketch Plan



Describe Circumstances of the Accident

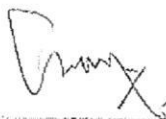
On 29.10.2024 at about 1700, I was driving my vehicle SMY 6303B along the road towards Turn on the second lane from the extreme right lane. Due to the front traffic ahead, the front vehicle slowed down and stopped, I followed suit. Suddenly, I felt a great impact from the rear of my vehicle, when I alighted, I realised it was vehicle SHD 9864 that failed to stop on time, causing the collision and damages to the rear portion of my vehicle SMY 6303B.

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