

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	25/11/2024 13:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/11/2024 17:10 (SGT)
Exact Location of Accident	Bukit Batok West Ave. 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK3696Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL VANNAN S/O AUGUSTINE THOMAS
NRIC No	SXXXX297A
Email Address	sevensea.g.o.c@gmail.com
Mobile Phone No	(Phone) +65-83332119
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00021232300

DRIVER

Name of Driver	ABDUL VANNAN S/O AUGUSTINE THOMAS
NRIC No	SXXXX297A
Date Of Birth	31/07/1976
Occupation	Outdoor
Driving Pass Date	27/05/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83332119
Alt. Phone Number	-
Email Address	sevenssea.g.o.c@gmail.com
Address	BLK 37 CIRCUIT ROAD #05-387
Address complement	-
Postcode	370037
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 - Major/Minor Rd
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	MUHD SHAFIQ (GRAB PAX)
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

PLEASE REFER TO POLICE REPORT T/20241123/7042

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 SMX4454S
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 ABDUL VANNAN S/O AUGUSTINE THOMAS
Gender Male
Phone No (Phone) +65-83332119
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SNK3696Z
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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 firms/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 firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

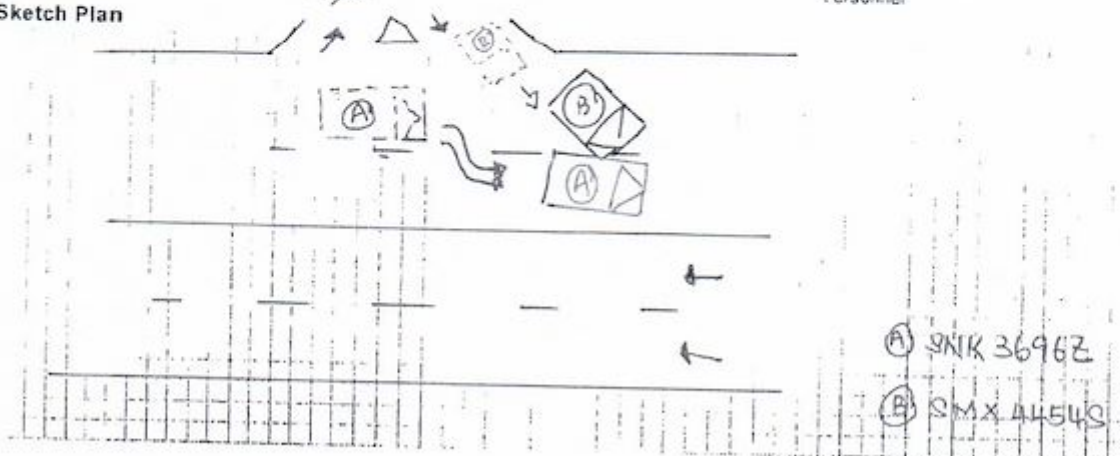
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


28/11/2024
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

Please refer to the police report T/2024112317042

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

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



T/20241123/7042

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Report No. T/20241123/7042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2024 12:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: ARUL VANNAN S/O AUGUSTINE THOMAS		Address: 37 CIRCUIT ROAD #05-387 SINGAPORE 370037	
ID Type / ID No.: NRIC NO / S7625297A		Contact No.: Home/Office: Mobile: 83332119	
Nationality: SINGAPORE CITIZEN		Email: sevensea.g.o.c@gmail.com	
Sex: Male	Age: 48	Date of Birth: 31/07/1976	Type of Informant: Driver
Race: Indian		Language: English	
Occupation: Private-hire car driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/11/2024 17:10	Type of Location: Straight Road
Location: BUKIT BATOK WEST AVENUE 5				
Weather: Drizzling		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SMX4454S	Motor car					0
SNK3696Z	Motor car	HONDA	SHUTTLE 1.5G CVT	Silver		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNK3696Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00021232 300	01/09/2023	11/01/2025



**SINGAPORE
POLICE FORCE**



T/20241123/7042

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

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Report No. T/20241123/7042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ARUL VANNAN S/O AUGUSTINE THOMAS	ID No.	S7625297A
Related Vehicle	SNK3696Z (Motor car)	Contact No.	83332119
Hospital/Clinic	CHIN CHOO CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	23/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SNK3696Z) WAS TRAVELLING STRAIGHT AT THE SECOND LANE OF THE BUKIT BATOK WEST AVENUE 5. SUDDENLY, THE VEHICLE B (SMX4454S) CAME OUT FROM THE FILTER LANE, HE MUST STOP AND GIVE WAY FOR THE ON COMING VEHICLE, BUT HE DIDN'T. I AWAKED AND CHANGED TO FIRST LANE TO AVOID THE COLLISION BECUASE I WAS FERRYING A PASSENGER (CONTACT NO.: MUHD SHAFIQ 89507992). UNFORTUNALLY, THE VEHICLE B STILL COLLIED ONTO MY LEFT PORTION OF MY VEHICLE. THE VEHICLE B NEVER STOP HIS CAR AND I CHASE AND HORN HIM, HE ALSO NEVER STOP. AFTER THE ACCIDENT, I FELT PAIN AND WENT TO SEE THE DOCTOR AND GET 2 DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20241123/7042

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Report No. T/20241123/7042

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SUFIYAN BIN KHAIRI
Contact No.: 65476148

NP168

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

Date/Time:
23/11/2024 12:17

Classification Of Case: