

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	12/12/2024 08:45 (SGT)
Reported by	Actual Driver
Date of Accident	10/12/2024 11:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	429, 441 CHOA CHU KANG AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB3036B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PREMELA D/O CHANDRASAKRAN
NRIC No	S9645061C
Email Address	PREMELA_1996@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82681176
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	0
Vehicle Fuel	Petrol
First Registration Date	12/08/2021
Chassis no	GR11023530
Effective Date/Time of Ownership	12/08/2021 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5151074944

DRIVER

Name of Driver	SARAVANAN S/O RAGUNATHAN
NRIC No	S9000468I
Date Of Birth	06/01/1990
Occupation	Outdoor
Driving Pass Date	24/11/2020
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82681176
Alt. Phone Number	-
Email Address	SARABOY0606@GMAIL.COM
Address	BLK 458 CHOA CHU KANG AVENUE 4 #15-201
Address complement	-
Postcode	680458
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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 ATTACHED

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	FILE SIZE TOO BIG

Vehicle Category	NA / Unknown
Name of Driver	NORHAYATI BINTE AB LATIP
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	SARAVANAN S/O RAGUNATHAN
Gender	Male
Phone No	(Phone) +65-82681176
Address	BLK 458 CHOA CHU KANG AVENUE 4 #15-201
Address Complement	-
Post Code	680458
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNB3036B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

On the stated date and time I was driving straight
and suddenly vehicle B came out of the small road ~~and~~
from my right side and collided into my vehicle.

DR

LB

LOH

IMAGES









IMAGES #5





IMAGES #7





IMAGES #9









IMAGES #13




**SINGAPORE
POLICE FORCE**


T/20241211/7100

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

Report No. T/20241211/7100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 11/12/2024 17 28		Vide Report No.		Station Diary No.	
Informant's Particulars					
Name of Informant SARAVANAN S/O RAGUNATHAN			Address 458 CHO A CHU KANG AVE 4 #15-201 SINGAPORE 680458		
ID Type / ID No : NRIC NO / S9000468I			Contact No. Home/Office: Mobile 82681176		
Nationality SINGAPORE CITIZEN			Email SARABOY0605@GMAIL.COM		
Sex Male	Age 34	Date of Birth 06/01/1990	Type of Informant Driver		
Race Indian			Language English		
Occupation FIELD ENGINEER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2024 11 15	Type of Location: Car Park
Location: CHOA CHU KANG AVENUE 4				
Weather Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW795M	Motor car		MAZDA	Grey		0
SNB3036B	Motor car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

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



T/20241211/7100

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Report No: T/20241211/7100

CONTINUATION OF REPORT

Driver			
Name	NORHAYATI BINTE AB LATIP	ID No	S8810205C
Related Vehicle	SKW795M (Motor car)	Contact No.	81016733
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	SARAVANAN S/O RAGUNATHAN	ID No	S9000468I
Related Vehicle	SNB3036B (Motor car)	Contact No.	82681176
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/12/2024	Date Discharge	10/12/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On 10th December 2024, at approximately 11.15am, I was driving my vehicle Honda Fit in a straight road in a carpark between block 439 and block 441 Choa Chu Kang Ave 4, to exit from the carpark to enter into the main road. A lady driving a Grey Mazda collided into my driver side door. She was turning out from a small road between block 429 and block 441 and failed to check a ongoing vehicle which lead to this accident. I was feeling unwell due to the accident and went to see a doctor, I was given MC for 3 days.