

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	29/11/2024 15:48 (SGT)
Reported by	Actual Driver
Date of Accident	28/11/2024 17:30 (SGT)
Exact Location of Accident	Near 290 Orchard Rd, Singapore 238859
Additional Location Information	Junction between Orchard Road and Bideford Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD7590R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Serga S/O Rengasamy
NRIC No	SXXXX452H
Email Address	balaserga18@gmail.com
Mobile Phone No	(Phone) +65-91453181
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
Variant	MERCEDES BENZ / C 180 KOMPRESSOR
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1597
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121498712-03

DRIVER

Name of Driver	Balamuruhan Serga
NRIC No	TXXXX597D
Date Of Birth	18/03/2001
Occupation	Indoor
Driving Pass Date	20/11/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-94571803
Alt. Phone Number	-
Email Address	balaserga18@gmail.com
Address	Blk 690 Jurong West Central 1
Address complement	#02-199
Postcode	640690
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 - Change/cross lane
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	Pushpa
Gender	Female

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? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH6125S
Vehicle Manufacturer Hyundai
Vehicle Model Ioniq
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver Lim Kwang Seng
Passport No/FIN SXXXX906B
Contact Number (Phone) +65-96885187
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 Balamuruhan Serga
Gender Male
Phone No (Phone) +65-94571803
Address Blk 690 Jurong West Central 1
Address Complement #02-199
Post Code 640690
Approximate Age Years Old 23
Injuries Sustained Neck Injury
Injured person in which vehicle? SKD7590R
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person Pushpa
Gender Female
Phone No (Phone) +65-96349960
Address Blk 690 Jurong West Central 1
Address Complement #02-199
Post Code 640690
Approximate Age Years Old -
Injuries Sustained Neck Injury
Injured person in which vehicle? SKD7590R
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:

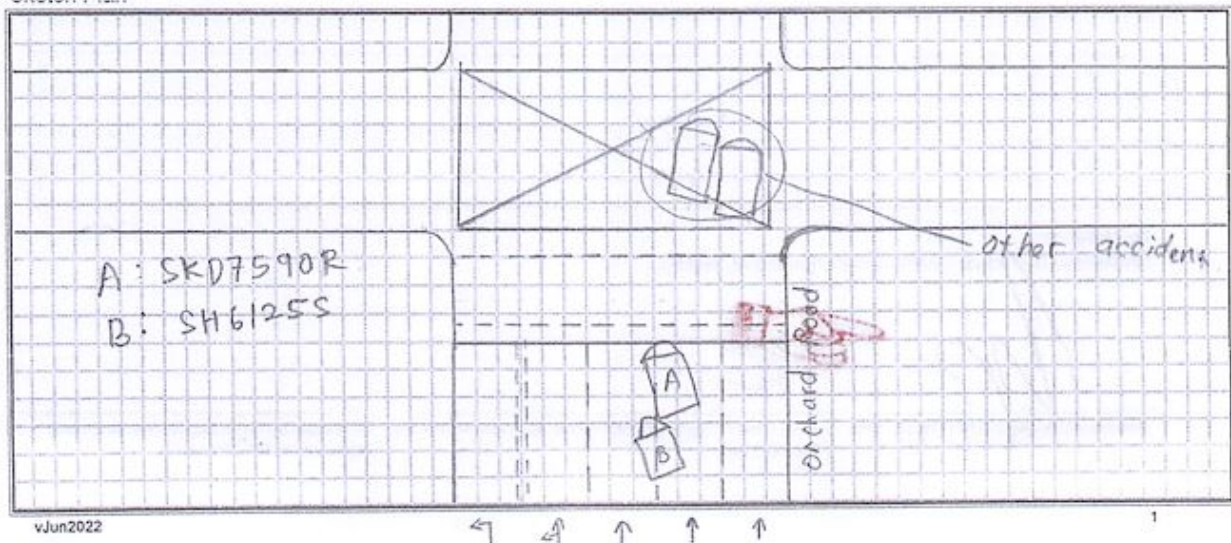
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

Policyholder's Signature / Date & Time

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

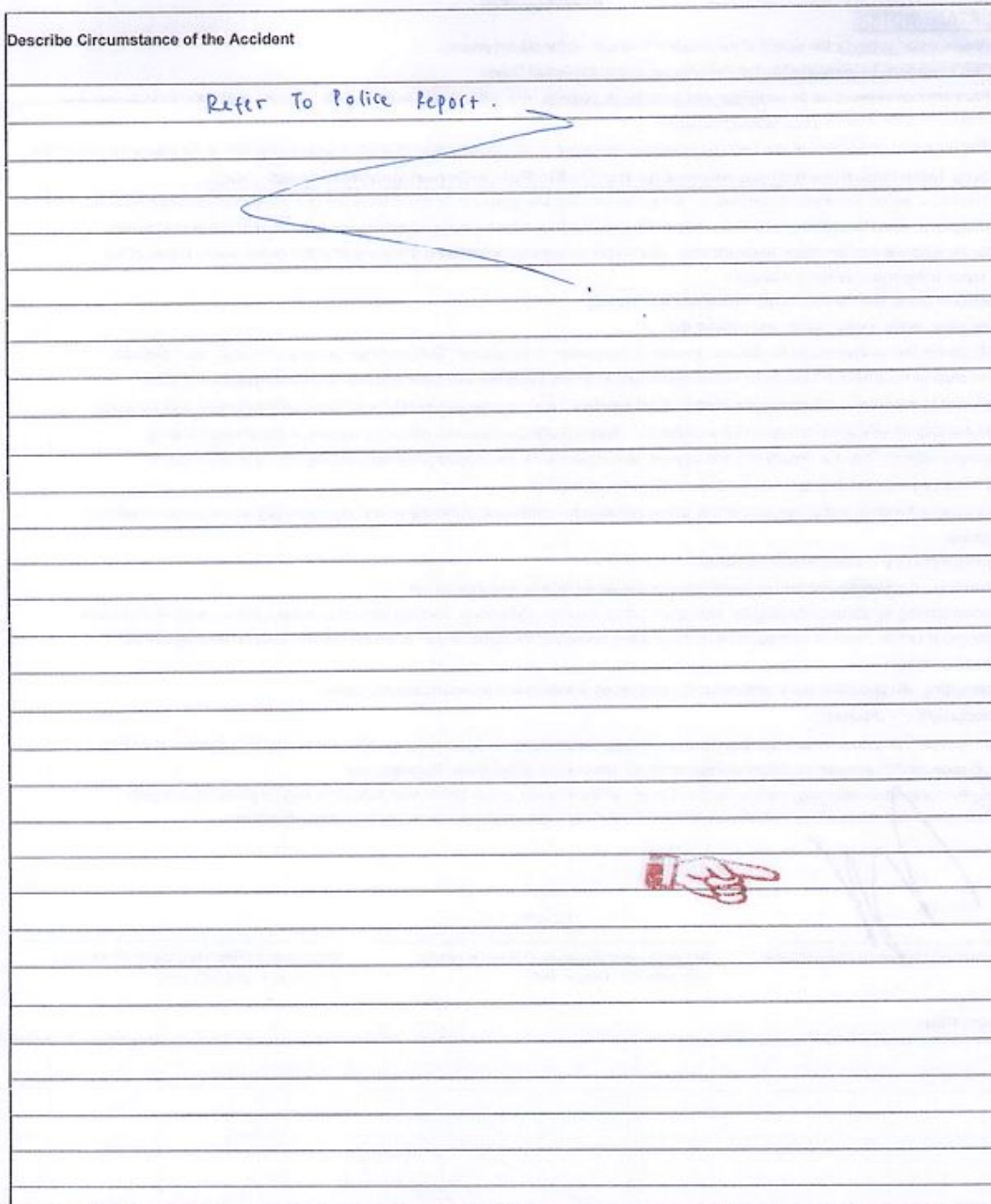
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



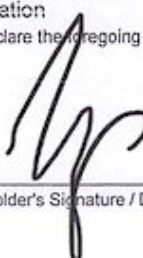


Describe Circumstance of the Accident

Refer To Police Report.

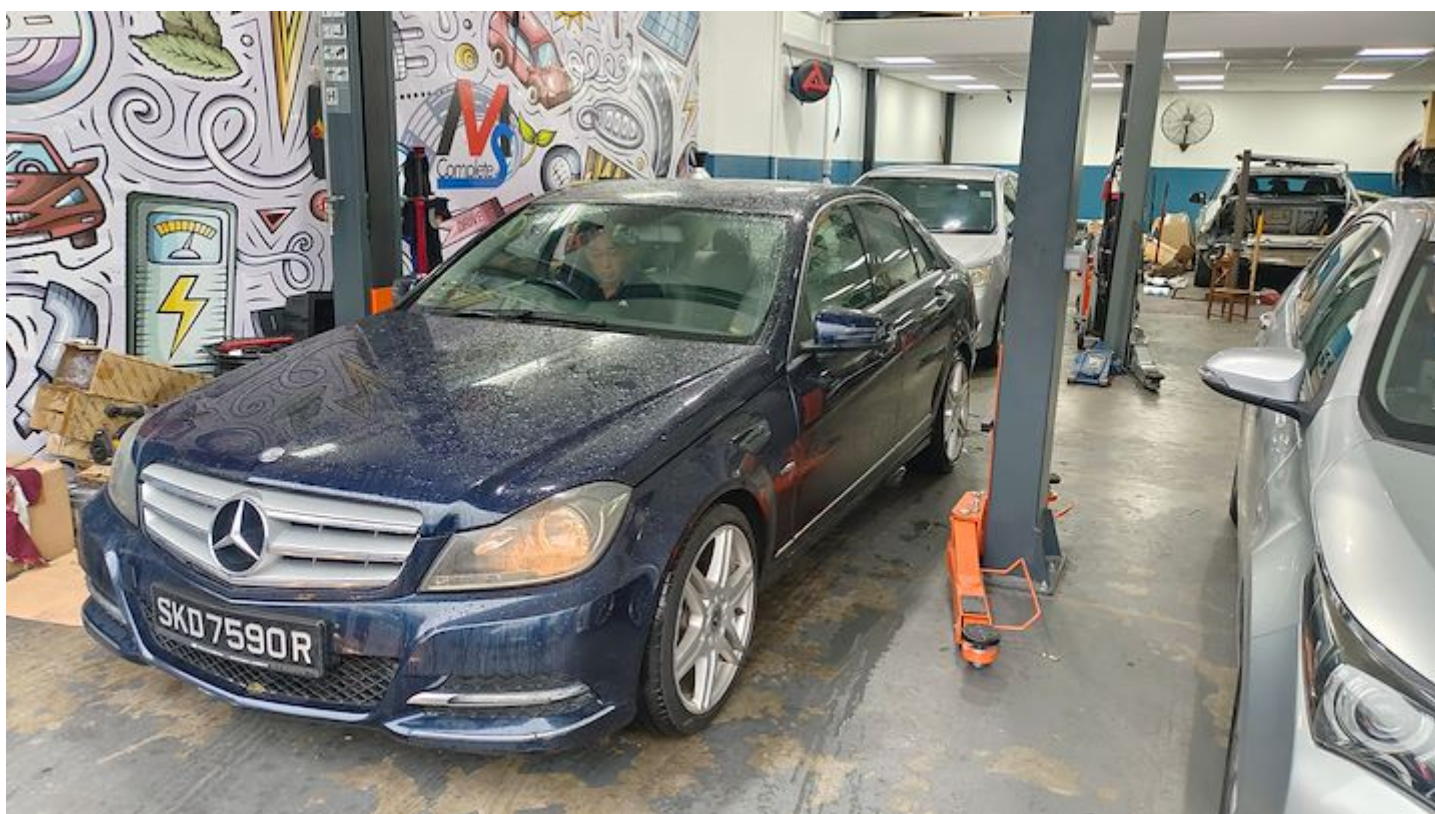


Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)























**SINGAPORE
POLICE FORCE**



T/20241128/7127

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

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Report No. T/20241128/7127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2024 19:37		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: Balamuruhan Serga		Address: 690 JURONG WEST CENTRAL 1 #02-199 SINGAPORE 640690	
ID Type / ID No.: NRIC NO / T0109597D		Contact No.: Home/Office: Mobile: 94571803	
Nationality: SINGAPORE CITIZEN		Email: balaserga18@gmail.com	
Sex: Male	Age: 23	Date of Birth: 18/03/2001	Type of Informant: Driver
Race: Indian		Language: English	
Occupation: Student		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2024 17:11	Type of Location: T-Junction	
Location: ORCHARD ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6125S	Motor car	HYUNDAI	IONIQ	Blue	Slightly Damaged	0
SKD7590R	Motor car	MERCEDES BENZ	C180	Blue	Slightly Damaged	1

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/20241128/7127

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Report No. T/20241128/7127

CONTINUATION OF REPORT

Driver		ID No.		T0109597D	
Name	BALAMURUHAN SERGA			Contact No.	94571803
Related Vehicle	SKD7590R (Motor car)			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL			Date Treatment	NIL
No. of Days granted Medical Leave (MC)			NIL	Degree of Injury	NIL
Passenger		ID No.		S1708518B	
Name	PUSHPA			Contact No.	963499950
Related Vehicle	SKD7590R (Motor car)			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL			Date Treatment	NIL
No. of Days granted Medical Leave (MC)			NIL	Degree of Injury	Slight
Driver		ID No.		S1200906B	
Name	LIM KWANG SENG			Contact No.	NIL
Related Vehicle	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL			Date Treatment	NIL
No. of Days granted Medical Leave (MC)			NIL	Degree of Injury	NIL

Brief Details.

taxi driver rear-ended me at the junction along orchard road during standstill traffic. cars were moving to the left lane while attempting to avoid the accident which had already occurred. he fled the scene and i had to catch up to him at the next traffic light. my mother and i will be seeing the doctor for our neck injuries. the number plate of the taxi is SH6125S.



**SINGAPORE
POLICE FORCE**

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



T/20241128/7127

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Report No. T/20241128/7127

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

This report is lodged at Jurong West NPC Kiosk 1
NP168

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

Date/Time:
28/11/2024 19:37

Classification Of Case:



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: SC2E24BT0002 Vehicle Registration No: SFD 7390R

Name (as shown in NRIC): Balanmuran Seng NRIC/FIN/Passport No: T0109597D

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: Jurong West Central 1 Block 690 #02-197 Singapore (640690)

Contact (Tel): 94571803 Mobile No.: 9457403

Email Address: balanmuran15@gmail.com

Date of Accident: 25 November 2024 Time of Accident: 5.30 PM

Place of Accident: Orchard Road

Insurance Company: _____

(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:

Change to third party claim.

Policyholder / Actual Driver's Signature
Date:

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