

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	29/06/2024 12:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/06/2024 15:06 (SGT)
Exact Location of Accident	Kim Keat Link
Additional Location Information	exit to PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9219P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Mega Engineering (S) Pte Ltd
Company Reg No	2XXXXX136N
Email Address	rajan@mega-gondola.com
Mobile Phone No	(Phone) +65-90613271
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	740li
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	2998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7240061345

DRIVER

Name of Driver	Rajan S/O Samyappan
NRIC No	SXXXX504Z
Date Of Birth	25/04/1964
Occupation	Indoor

Driving Pass Date	30/04/2004
Driving experience	20 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90613271
Alt. Phone Number	-
Email Address	rajan@mega-gondola.com
Address	Blk 191A Rivervale Drive #09-922
Address complement	-
Postcode	541191
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Director
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE7463R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Kumaravelu Sankaralingam
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

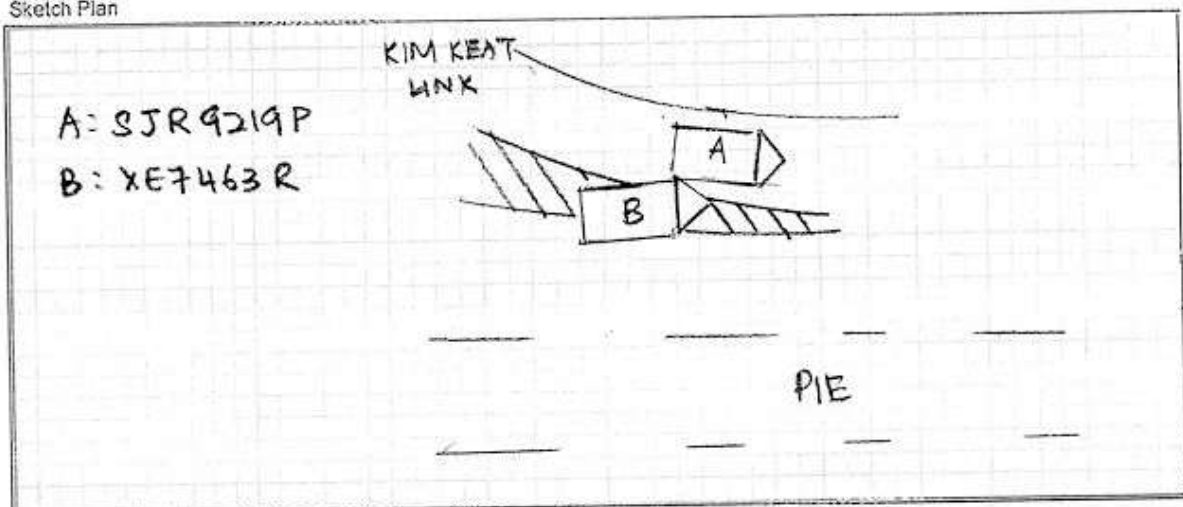
Policyholder's Signature / Date & Time

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

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

Jenny Lim

Sketch Plan



Describe Circumstance of the Accident

Refer to police report attached

T/20240628/2077

Declaration

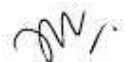
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



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



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

Jenny Lim



**SINGAPORE
POLICE FORCE**



T/20240628/2077

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20240628/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2024 18:11	Vide Report No.:	Station Diary No.: 69
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Informant's Particulars

Name of Informant: RAJAN S/O SAMYAPPAN			Address: 191A RIVERVALE DRIVE #09-922 SINGAPORE 541191		
ID Type / ID No.: NRIC NO / S1676504Z			Contact No.: Home/Office: Mobile: 90613271		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 25/04/1964	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: Company director			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2024 14:30	Type of Location: Kim Keat Rd Exit leading to PIE
Location: KIM KEAT ROAD				
Weather: Clear		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

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SJR9219P	Motor car	BMW	740LI ALED SR	Blue		0
XE7463R	Lorry	CAMC	HN3251X40 C3M6	White		0



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T/20240628/2077

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20240628/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAJAN S/O SAMYAPPAN	ID No.	S1676504Z
Related Vehicle	SJR9219P (Motor car)	Contact No.	90613271
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of	NIL
Driver			
Name	KUMARAVELU SANKARALINGAM	ID No.	F8120851N
Related Vehicle	XE7463R (Lorry)	Contact No.	90841103
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above-mentioned date, time and location. I was driving SJR9219P along Kim Keat Road exiting towards PIE. After exiting Kim Keat Road, one vehicle XE7463R from PIE lane 1 drove onto the chevron marking resulting in a merging of my lane and collided onto the rear of my vehicle. I alighted from the vehicle and exchanged particulars with the driver. I also have an in-car camera installed in my vehicle. I had made a check on my vehicle and the right rear of my vehicle damaged. After the accident, i felt pain on my body as such i visited Mount Alvernia Hospital and received 3 Days MC.



**SINGAPORE
POLICE FORCE**



T/20240628/2077

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Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20240628/2077

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 2 SHAWN KOH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/06/2024 18:11

Officer In Charge Of Case:
TP / GIA /
INSP (1) BOON YEN KIAN
Contact No.: 65472079

Classification Of Case:

NP168