

## 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 .....	06/06/2024 17:41 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	04/06/2024 18:32 (SGT)
Exact Location of Accident .....	Clemenceau Ave, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ6134Y
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	S R R SERVICES PTE LTD
Company Reg No .....	201026739R
Email Address .....	SRRSERVICESPTELTD@GMAIL.COM
Mobile Phone No .....	(Phone) +65-62522134
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
Variant .....	150 5MT
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 .....	Goods vehicle
Transmission .....	Manual
CC .....	3000

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2009864423-01

#### DRIVER

Name of Driver .....	SENGAMALAI RAJAKKANNU
NRIC No .....	S2759466B
Date Of Birth .....	19/06/1960
Occupation .....	Outdoor

Driving Pass Date .....	20/02/2009
Driving experience .....	15 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91477513
Alt. Phone Number .....	-
Email Address .....	SRRSERVICESPTLTD@GMAIL.COM
Address .....	BLK 145 POTONG PASIR AVENUE 2
Address complement .....	#06-54
Postcode .....	350145
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	6
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 .....	S. MADHUBALAN
Gender .....	Male

#### PASSENGER 2

Name .....	S. RAJAMANICKAM
Gender .....	Male

#### PASSENGER 3

Name .....	P. THANDADURAI
Gender .....	Male

#### PASSENGER 4

Name .....	V. HARIKRISHNAN
Gender .....	Male

#### PASSENGER 5

Name .....	K. KABILESH
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

REFER TO POLICE REPORT NO. : T20240605/7068.

#### 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 .....	SLV9814B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	GLEN
Contact Number .....	(Phone) +65-91910671
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	EZ2255Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SANTOSH
Contact Number .....	(Phone) +65-93904109
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 .....	GLEN
Gender .....	-
Phone No .....	(Phone) +65-91910671
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLV9814B
Were seat belts worn? .....	Yes

Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



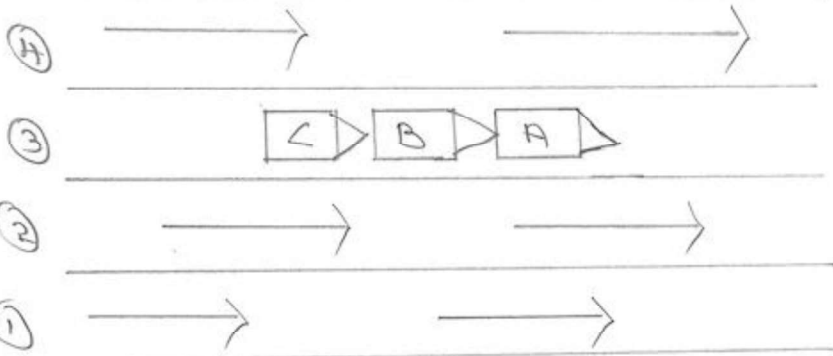
Policyholder's Signature / Date & Time  
6/6/24

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time  
6/6/24

Witnessed by Reporting Centre Personnel

Henry Koh  
Claims Executive  
HP: 8339 9800



A 8 YQ 6134 Y  
B 8 SN 9814 B  
C 8 Z 2255 Y

Describe Circumstances of the Accident

Refer to Police Report No. 97/20240605/7068

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time  
6/6/24

Driver's Signature (If driver is not the policyholder) / Date & Time  
6/6/24

Witnessed by Reporting Centre Personnel  
Jenny Koh 06/06/2024  
Claims Executive  
HP 939 9809



























**SINGAPORE  
POLICE FORCE**



T/20240605/7068

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

1 of 4  
Report No. T/20240605/7068

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2024 16:19		Vide Report No.: E/20240604/0123		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SENGAMALAI RAJAKKANNU			Address: 145 POTONG PASIR AVENUE 2 #06-54 SINGAPORE 350145		
ID Type / ID No.: NRIC NO / S2759466B			Contact No.: Home/Office: Mobile: 91477513		
Nationality: SINGAPORE CITIZEN			Email: FRRRAJAKKANNU@YAHOO.COM		
Sex: Male	Age: 63	Date of Birth: 19/06/1960	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Company director			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/06/2024 18:32	Type of Location: X-Junction
Location:  CLEMENCEAU AVENUE				
Lamp Post Number: 30				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EZ2255Y	Motor car	TOYOTA	ALPHARD	Black	Slightly Damaged	0
SLV9814B	Motor car	TOYOTA	VIOS	Red	Seriously Damaged	0
YQ6134Y	Motor car	TOYOTA		Silver	Seriously Damaged	6

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240605/7068

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

2 of 4

Report No. T/20240605/7068

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SENGAMALAI RAJAKKANNU		ID No. S2759466B
Related Vehicle	YQ6134Y (Motor car)		Contact No. 91477513
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	S. MADHUBALAN		ID No. NIL
Related Vehicle	YQ6134Y (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	S.RAJAMANICKAM		ID No. NIL
Related Vehicle	YQ6134Y (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	P.THANGADURAI		ID No. NIL
Related Vehicle	YQ6134Y (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20240605/7068

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

3 of 4  
Report No. T/20240605/7068

CONTINUATION OF REPORT

<b>Passenger</b>			
Name	V.HARIKRISHNAN	ID No.	NIL
Related Vehicle	YQ6134Y (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	K.KABILESH	ID No.	NIL
Related Vehicle	YQ6134Y (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE SAID DATE AND TIME AS I APPROACHED THE JUNCTION OF CLEMENCEAU AVE I CAME TO A COMPLETE STOP FOR A TRAFFIC LIGHT WHICH WAS SHOWING RED.

AS I WAITING FOR THE LIGHT TO TURN GREEN, I FELT AN IMPACT FROM THE REAR OF MY VEHICLE AND DISCOVERED THAT ANOTHER VEHICLE BEARING NUMBER SLV9814B COLLIDED INTO MY REAR AND ANOTHER VEHICLE COLLIDED INTO IT'S REAR BEARING NUMBER EZ2255Y.

I WISH TO STATE THAT NO INJURIES WAS SUSTAINED TO ME AND/OR TO THE PASSENGERS IN MY VEHICLE.

THE DRIVER IN VEHICLE SLV9814B WAS CONVEYED TO HOSPITAL, NO FURTHER INFORMATION WAS AVAILABLE.





**SINGAPORE  
POLICE FORCE**

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



T/20240605/7068

4 of 4

Report No. T/20240605/7068

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SITI NORHAFIDAH BINTE HANAFI  
Contact No.: 65476202

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

Date/Time:  
05/06/2024 16:19

Classification Of Case:

This report is lodged at Rochor NPC Kiosk 1  
NP168





Allianz Insurance Singapore Pte. Ltd.

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**CERTIFICATE OF INSURANCE**


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ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1960  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

<b>Certificate Number</b>	: SP2009864423-01
<b>Date of Issue</b>	: 26 February 2024
<b>Coverage</b>	: COMPREHENSIVE - AUTHORISED WORKSHOP
<b>Policyholder Name</b>	: S R R SERVICES PTE. LTD.
<b>Period of Insurance</b>	: 22 March 2024 to 21 March 2025
<b>Finance Company</b>	: NA
<b>Registration No.</b>	: YQ6134Y
<b>Chassis Number of Vehicle</b>	: JHHAGV4640K001911

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**Persons or Classes of Persons Entitled to Drive\*:**

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with the his/her permission.

*\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.*

**Limitation as to Use\*:**

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes


*\* Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.*

**Policy does not cover:**

- (a) Use for racing, pace-making, reliability trials or speed-testing.
- (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

26 February 2024  
 Issue Date

  
 Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000384 VIRTUAL INSURANCE AGENCIES PTE LTD

Excess	: Section 1 : Own Damage	SGD	600
	: Section 1 : Windscreen	SGD	100
	: Section 2 : Liabilities to Third Parties	SGD	0

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C  
 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: [www.allianz.sg](http://www.allianz.sg)