

## 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 .....	22/07/2024 12:21 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	21/07/2024 13:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG KPE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMN7784Y
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SHYAM SUNDER BAJAJ
NRIC No .....	SXXXX144D
Email Address .....	SHYAMSUNDERBAJAJ@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-92704894
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Opel
Model .....	Astra
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 .....	1400

#### INSURANCE COMPANY

Name of Insurance Company .....	Singapore Life Ltd
Policy Number / Cover Note Number .....	11384661

#### DRIVER

Name of Driver .....	SHYAM SUNDER BAJAJ
NRIC No .....	SXXXX144D
Date Of Birth .....	27/11/1973
Occupation .....	Indoor

Driving Pass Date .....	29/01/2013
Driving experience .....	11 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92704894
Alt. Phone Number .....	-
Email Address .....	SHYAMSUNDERBAJAJ@HOTMAIL.COM
Address .....	106 RIVERVALE WALK
Address complement .....	05-122
Postcode .....	540106
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 .....	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 .....	4
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) .....	4
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 .....	SHOBHA BAJAJ
Gender .....	Female

#### PASSENGER 2

Name .....	KRISHVI BAJAJ
Gender .....	Female

#### PASSENGER 3

Name .....	SUMMIT BAJAJ
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND POLICE REPORT ATTACHED.

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 ..... SHA8669H  
 Vehicle Manufacturer ..... Toyota  
 Vehicle Model ..... Prius  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 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) ..... 3

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SHC5323A  
 Vehicle Manufacturer ..... Toyota  
 Vehicle Model ..... Prius  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 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) ..... 3

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SDY3663M  
 Vehicle Manufacturer ..... BMW  
 Vehicle Model ..... 216d  
 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 .....	UNKNOWN PASSENGER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHA8669H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

#### INJURED 2

Name of injured person .....	UNKNOWN PASSENGER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHA8669H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

#### INJURED 3

Name of injured person .....	UNKNOWN PASSENGER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHC5323A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

#### INJURED 4

Name of injured person .....	UNKNOWN PASSENGER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHC5323A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please read correctly the details of the accident to feed up the claim process.
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7. By the lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

*Shyam Sunder Rishi*  
22/07/2024  
Policyholder's Signature Date  
& Time

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

*22/7/24*  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
ARJIDR/No: \_\_\_\_\_

SKETCH PLAN



A-SMN

A-SMN7784Y  
B-SHC8669H  
C-SHC5323A  
D-SDY3663M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: 7/20240721/2054  
attached.

I have no idea if there is any injuries nor anyone  
have taken the ambulance. Me and my passengers  
feeling pain and will visit the doctor.

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

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

Syam Sunder Puri  
22/07/2024

Policyholder's Signature Date  
& Time

Driver's Signature

Signature of the person who was in the vehicle at the time of the accident

22/7/24

Policyholder's Signature Date & Time




**SINGAPORE  
POLICE FORCE**


T/20240721/2054

1 of 3

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No 1800-343 8999

Report No. T/20240721/2054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/07/2024 17:18			Vide Report No.: F/20240721/0122		Station Diary No.: 70
<b>Informant's Particulars</b>					
Name of Informant: SHYAM SUNDER BAJAJ			Address: 106 RIVERVALE WALK #05-122 SINGAPORE 540106		
ID Type / ID No.: NRIC NO / S7360144D			Contact No.: Home/Office: Mobile: 92704894		
Nationality: INDIAN			Email:		
Sex: Male	Age: 50	Date of Birth: 27/11/1973	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: IT Manager			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident: 21/07/2024 13:20	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SDY3663M	Motor car	BMW	216D ACTIVE TOURER EU6			0
SHC5323A	Motor car	TOYOTA	PRIUS 5DR HATCHBAC K AT			0
SHC8669H	Motor car	TOYOTA	PRIUS 5DR HATCHBAC K AT			0



**SINGAPORE  
POLICE FORCE**



T 20240721/2054

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Report No. T 20240721/2054

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMN7784Y	Motor car	OPEL	ASTRA HB 1.4 AT		Slightly Damaged	4

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHYAM SUNDER BAJAJ		ID No. S7360144D
Related Vehicle	SMN7784Y (Motor car)		Contact No. 92704894
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

**Brief Details.**

On 21 July 2024 at around 1:20p.m., I was operating one car bearing the registration number 'SMN7784Y' travelling on lane two amongst the three lanes of Kallang-Paya-Lebar Expressway (KPE) bound towards the direction of East-Coast Parkway (ECP), before the exit of Tampines Road.

I observed one silver-coloured saloon car travelling along lane 4 of KPE initially bound to exit onto Tampines Road, abruptly cut across the chevron onto lane 3 of KPE in front of one black-coloured multi-purpose-vehicle (MPV) causing the latter to abruptly change onto lane 2 and brake in front of one motorcycle bearing the registration number 'FC1581X', causing the latter to collide onto the former.

One red-coloured car travelling in front of me stopped behind the scene of the accident and eventually bypassed it using lane 1. I stopped behind the scene of the accident and was suddenly hit from the rear before I managed to bypass the scene of the accident.

I thereafter observed that I was involved in a chain collision and that the vehicles behind me were bearing the registration numbers 'SHC8669H', 'SHC5323A' and 'SDY3663M', respectively in sequence of the vehicles behind mine.

The traffic police (Ref: F/20240721/0122) and ambulance arrived thereafter.





SINGAPORE  
POLICE FORCE



T 20240721/2054

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No: T 20240721/2054

CONTINUATION OF REPORT

Signature of Officer Recording The  
F /  
SGT 2 ELLIOT ONG JUNKAI

Signature Of Informant.

Signature Of Interpreter:  
Not applicable

Date/Time  
21/07/2024 17 18

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT NADYA BINTE MOIDEEN  
Contact No.: 65476331

Classification Of Case:

NP168