

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	24/07/2024 18:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/07/2024 12:25 (SGT)
Exact Location of Accident	Penjuru Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ745R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ELUMALAI THIGARAJAN
NRIC No	S7463320Z
Email Address	coolfast2007@gmail.com
Mobile Phone No	(Phone) +65-81380224
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
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	1685

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00025752400

DRIVER

Name of Driver	ELUMALAI THIGARAJAN
NRIC No	S7463320Z
Date Of Birth	09/06/1974
Occupation	Indoor

Driving Pass Date	14/02/2007
Driving experience	17 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81380224
Alt. Phone Number	-
Email Address	coolfast2007@gmail.com
Address	BLK 322 SERANGOON AVENUE 3 #02-270
Address complement	-
Postcode	550322
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	Collision - Head to Rear
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)	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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20240723/2091

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	YP5497L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	ELUMALAI THIGARAJAN
Gender	Male
Phone No	(Phone) +65-81380224
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNJ745R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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:

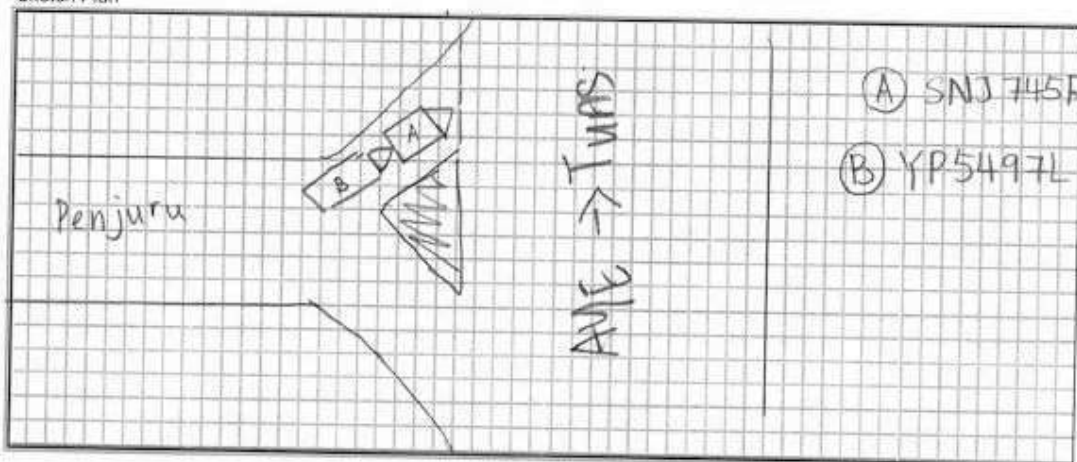
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

E. Thiagaraja
Policyholder's Signature / Date & Time

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

24/07/2024
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer Police Report : T/20240723/2091

[The rest of the form is crossed out with a large diagonal line.]

Declaration

(We declare the foregoing particulars are true in every respect.

E. Thiagaraj
Policyholder's Signature / Date & Time

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

[Signature] 24/07/2024
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20240723/2091

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3
Report No: T/20240723/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2024 22:47		Vide Report No.:	Station Diary No.: 196
Informant's Particulars			
Name of Informant: ELUMALAI THIAGARAJAN		Address: 322 SERANGOON AVENUE 3 #02-270 SINGAPORE 550322	
ID Type / ID No.: NRIC NO / S7463320Z		Contact No.: Home/Office: Mobile: 81380224	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 09/06/1974	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:	Injury Others:	Drink Drive: No	Date/Time of Accident: 23/07/2024 17:25	Type of Location: Y-Junction
Location: PENJURU ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SNJ745R	Motor car	KIA	CARENS 1.7 DCT DIESEL 5DR FWD	Brown	Seriously Damaged	0
YP5497L	Lorry	MITSUBISHI		White	Seriously Damaged	15

Details of Person Involved

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



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649482
Tel No: 1800-7929999

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Report No. T/20240723/2091

CONTINUATION OF REPORT

Driver			
Name	ELUMALAI THIAGARAJAN		ID No. S7463320Z
Related Vehicle	SNJ745R (Motor car)		Contact No. 81380224
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
Driver			
Name	KALIAPPAN RAJU		ID No. G7226314L
Related Vehicle	YP5497L (Lorry)		Contact No. 84258198
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: 17/04/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 23/07/2024, at 1726hrs, I was driving my vehicle bearing plate number, SNJ745R, along Penjurong Road towards AYE highway. While waiting for my turn to turn out into AYE highway, I was focusing on checking my blind spot. Shortly after my car was banged by a lorry bearing plate number, YP5497L, by my rear and my car inched forward about 2 meters caused by the impact.

I alighted from my vehicle to make a check on the damages and exchanged particulars together with the other party. The other driver and myself took photos of the accident before leaving on our separate ways.

I wish to state that my car has an in-car camera that is in working condition and recording during the accident. I also wish to visit a clinic as I felt pain on my waist area and wishes to get it check. I am lodging this report for record and insurance claims purposes.



SINGAPORE
POLICE FORCE



T/20240723/2091

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/2024/0723/2091

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SGT 1 MUHAMMAD HAZIM BIN
MESSERUADI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/07/2024 22:47

Officer In Charge Of Case:
TP / AEIT /
INSP (1) NORA BTE BACHOK
Contact No.: 65476172

Classification Of Case:

NP168