

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 Authorised 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 ability.
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 Report	19/03/2018 17:55
Date Of Accident	16/03/2018 23:35
Exact Location Of Accident	WOODLANDS AVE 12 TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT5614Z
Insured/Policyholder	
Name Of Registered Owner	VAHINI RAJSEKARAN KR
NRIC No	S1535291D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97870537
Alternative Phone No	OFFICE-97870537

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 1.6A
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700068690
Cover Note Number	

Driver

Name of Driver	VAHINI RAJSEKARAN KR
NRIC No	S1535291D
Date Of Birth	08/07/1962
Occupation	INDOOR
Date Of Driving Pass	01/07/1998
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97870537
Fax Number	
Contact Number	OFFICE-97870537
EEmail Address	NOEMAIL

Address	BLK 516 JURONG WEST STREET 52 #05-37
Postcode	640516
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : VIVEKKA RAJASEGARAN GENDER: : FEMALE
Passenger 2	NAME: : THASHA TAYAMIRTHA RAJASEGARAN GENDER: : FEMALE
Passenger 3	NAME: : RAJASEGARAN S/O KRISHNAMOORTY GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180317/2065.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7143U
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name VAHINI RAJSEKARAN KR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLT5614Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name VIVEKKA RAJASEGARAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLT5614Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name THASHA TAYAMIRTHA RAJASEGARAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLT5614Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name RAJASEGARAN S/O KRISHNAMOORTY
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLT5614Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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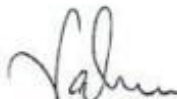
B. Consent under the Personal Data Protection Act (PDPA)

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.



Policyholder's Signature
Date & Time:

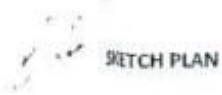


Driver's Signature
(If driver is not the policyholder)
Date & Time:



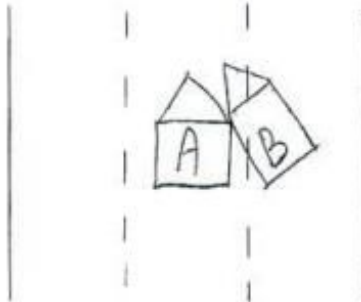
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan



SKETCH PLAN

Rd 1 Woodlands Ave 12 towards STE



(A) SLT5614Z
(B) XD7143U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police Report No: T/20180317/2065

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180317/2065

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180317/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2018 13:09	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: VAHINI RAJSEKARAN KR			Address: APT BLK 516 JURONG WEST STREET 52 #05-37 SINGAPORE 640516	
ID Type / ID No.: NRIC NO / S1535291D			Contact No.: Home/Office: Mobile: 97870537	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 55	Date of Birth: 08/07/1962	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: MINDEF			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: 16/03/2018 23:35	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 12	Woodlands ave 12 towards SLE	Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT5614Z	Car				Seriously Damaged	3
XD7143U	Lorry				No Damage	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180317/2065

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20180317/2065

CONTINUATION OF REPORT

Passenger			
Name	THASHA TAYAMIRTHA RAJASEGARAN	ID No.	S9839070G
Related Vehicle	SLT5614Z (Car)	Contact No.	NIL
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/03/2018	Date Discharge	17/03/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	VIVEKKA RAJASEGARAN	ID No.	T0034034G
Related Vehicle	SLT5614Z (Car)	Contact No.	NIL
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/03/2018	Date Discharge	17/03/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	VAHINI RAJSEKARAN KR	ID No.	S1535291D
Related Vehicle	SLT5614Z (Car)	Contact No.	97870537
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/03/2018	Date Discharge	17/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	RAJASEGARAN S/O KRISHNAMOORTY	ID No.	S1537560D
Related Vehicle	SLT5614Z (Car)	Contact No.	96624485
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/03/2018	Date Discharge	17/03/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20180317/2065

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20180317/2065

CONTINUATION OF REPORT

Driver			
Name	OOI SENG BENG	ID No.	G2016257R
Related Vehicle	XD7143U (Lorry)	Contact No.	84415779
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	NIL	Degree of Injury	NIL

Brief Details.

On the 16/03/2018 at about 2335hrs, I was driving my vehicle bearing registered plate number, SLT5614Z. I was travelling on the middle lane and there is construction going on in front. Hence, I slow down my speed. Suddenly, a lorry bearing registered plate number, XD7143U travelling behind my vehicle at a fast speed. The driver of the lorry then wanted to change to my lane. However, the lorry knocked onto the right side of my vehicle while, changing the lane.

I felt discomfort after the accident and went to Universal medical clinic to seek for treatment. I was given 3 days of medical leave from 17/03/2018 to 19/03/2018. I suffered slight injury from the accident. My passengers who is my husband and kids, all three of them was given two days of medical leave from 17/03/2018 to 18/03/2018. They also suffered slight injuries from the accident. My vehicle right side was seriously damaged.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180317/2065

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20180317/2065

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 TEO KENG HUI		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 17/03/2018 13:09	
Officer In Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430		Classification Of Case: SN 085	
Authentication Stamp NP158		Signature 	
Singapore Police Force			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



