

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	27/08/2018 14:40
Date Of Accident	25/08/2018 08:15
Exact Location Of Accident	ALONG PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1657J
Insured/Policyholder	
Name Of Registered Owner	MR KAILASAM RAJAKUMAR
NRIC No	S8164824G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94557398
Alternative Phone No	OFFICE-94557398

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY 1.6EXA
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3018281800
Cover Note Number	-

Driver

Name of Driver	MR KAILASAM RAJAKUMAR
NRIC No	S8164824G
Date Of Birth	01/06/1981
Occupation	INDOOR
Date Of Driving Pass	03/05/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94557398
Fax Number	
Contact Number	OFFICE-94557398
Email Address	NOEMAIL

Address	BLK 321 BUKIT BATOK ST 33 #12-66
Postcode	650321
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	3
Passenger 1	NAME: : JOSEPH EDWIN SELVAKUMAR GENDER: : MALE
Passenger 2	NAME: : VIMALASEKARAN BEGAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN8094G
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 MR KAILASAM RAJAKUMAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW1657J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name JOSEPH EDWIN SELVAKUMAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW1657J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name VIMALASEKARAN BEGAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW1657J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan


SKETCH PLAN

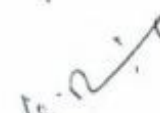
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

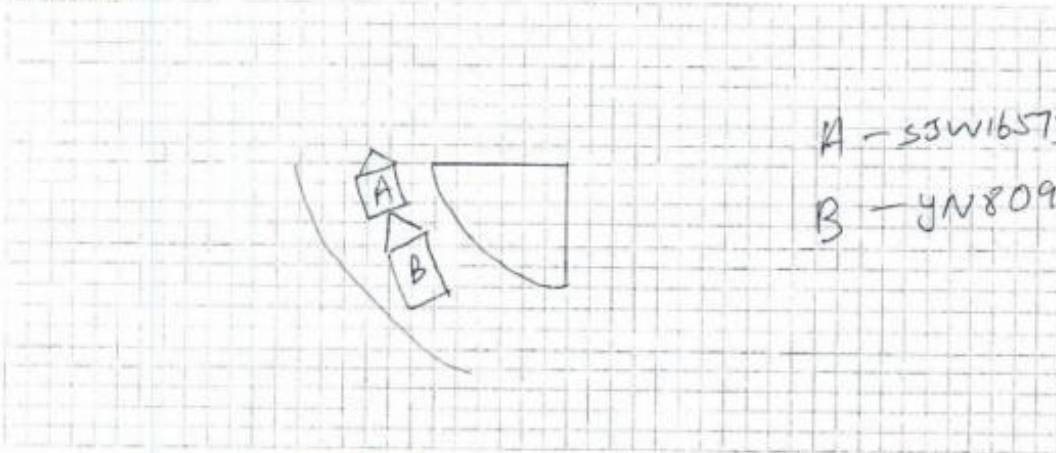

Policyholder's Signature
Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/20180825/7007

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.:

LA0001/1/2018/08/25/7007

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180825/7007

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

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Report No. T/20180825/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2018 13:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KAILASAM RAJAKUMAR		Address: APT BLK 321 BUKIT BATOK STREET 33 #12-66 SINGAPORE 650321	
ID Type / ID No.: NRIC NO / S8164824G		Contact No.: Home/Office: Mobile: 94557398	
Nationality: INDIAN		Email: ramjayraju@gmail.com	
Sex: Male	Age: 37	Date of Birth: 31/05/1981	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Electrical engineering technician (general)		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: 25/08/2018 08:15	Type of Location: Bend
Location: PIONEER ROAD NORTH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJW1657J	Car	NISSAN	SUNNY 1.6EXA	Silver	Seriously Damaged	2
YN 8094 G	Lorry	HINO		White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180825/7007

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

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Report No. T/20180825/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJW1657J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30182818 00	06/03/2018	05/03/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	JOSEPH EDWIN SELVAKUMAR		ID No.	S7561814Z
Related Vehicle	SJW1657J (Car)		Contact No.	82988958
Hospital/Clinic	WE CARE CLINIC AND SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/08/2018		Date Discharge	25/08/2018
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Driver				
Name	KAILASAM RAJAKUMAR		ID No.	S8164824G
Related Vehicle	SJW1657J (Car)		Contact No.	94557398
Hospital/Clinic	WE CARE CLINIC AND SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/08/2018		Date Discharge	25/08/2018
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Passenger				
Name	VIMALASEKARAN BEGAN		ID No.	S7763908Z
Related Vehicle	SJW1657J (Car)		Contact No.	98977227
Hospital/Clinic	WE CARE CLINIC AND SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/08/2018		Date Discharge	25/08/2018
No. of Days granted Medical Leave	04		Degree of Injury	Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180825/7007

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Traffic Police Division HQ
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Report No. T/20180825/7007

CONTINUATION OF REPORT

Brief Details.

AT 25/08/2018 ABOUT 0815HRS , I WAS DRIVING ALONG PIONNER ROAD NORTH TOWARD TO PIE CHANGI . I WAS AWAITNG AT THE TRAFFIC LIGHT FOR RIGHT TURN TOWARD PIE , THE NEXT SECONDS LORRY YN 8094G HIT MY REAR VEHICLE .

THE IMPACT WAS SO BAD THAT MY REAR BUMBER WAS BADLY DENTED .

WE GET OFF FROM OUT VEHICLE AND EXCHANGE PARTICULAR .

I DO HAD 2 OTHER PASSENGER ONBOARD MY CAR . THEY ARE MR JOSEPH EDWIN SELVAKUMAR AND MR VIMALASEKARAN BEGAN.

DUE TO THE ACCIDENT, ME AND MY 2 OTHER FRIENDS ONBARD CAR WILL BE SEEKING MEDICAL ATTENTION DUE TO THE STRONG IMPACT .

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180825/7007

Police Station Of Origin:
Traffic Police Division HQ
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Tel No: 65470000

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Report No. T/20180825/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

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

Date/Time:
25/08/2018 13:20

Classification Of Case:

Status of Driving Licence

Qualified Driving Licence

Qualified Driving Licence Number

S8164824G

Status of Qualified Driving Licence

Valid

Class(es) of Qualified Driving Licence

3

Expiry Date

Valid for life unless revoked,suspended or disqualified

Provisional Driving Licence

You are not a valid Provisional Driving Licence Holder.

DRIVING DOC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8164824G



Name
KAILASAM RAJAKUMAR
கைலாசம் ராஜகுமார்

Race
INDIAN

Date of birth
01-06-1981

Sex
M

Country of birth
INDIA

8934863



NRIC No. S8164824G

Nationality
INDIAN

Date of issue
12-01-2009

APT BLK 321 BUKIT BATOK STREET 33 #12-08
SINGAPORE 650321
S8164824G 15/05/2013

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

