

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 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 Report	17/12/2018 11:43
Date Of Accident	14/12/2018 21:30
Exact Location Of Accident	ALONG UPP CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8857P
Insured/Policyholder	
Name Of Registered Owner	PILLAY,CHEE YONG DAVID
NRIC No	S7728776J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91817550
Alternative Phone No	OTHERS-91817550

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00438198
Cover Note Number	

Driver

Name of Driver	PILLAY,CHEE YONG DAVID
NRIC No	S7728776J
Date Of Birth	25/10/1977
Occupation	INDOOR
Date Of Driving Pass	22/10/1996
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91817550
Fax Number	
Contact Number	OTHERS-91817550
EEmail Address	NOEMAIL

Address	BLK 31 BEDOK SOUTH AVE 2 #25-307
Postcode	460031
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?	YES
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)	5
Passenger 1	NAME: : YEO FANGYING SANDRA CHRISTELLE GENDER: : FEMALE
Passenger 2	NAME: : PILLAY QI HUI KYRA GENDER: : FEMALE
Passenger 3	NAME: : PILLAY QI QING KATELYN GENDER: : FEMALE
Passenger 4	NAME: : NUR LULU GENDER: : FEMALE

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

PLS REFER TO THE POLICE REPORT: T/20181214/7008

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCH3344K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	PILLAY,CHEE YONG DAVID
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLU8857P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	YEO FANGYING SANDRA CHRISTELLE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLU8857P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	PILLAY QI HUI KYRA
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLU8857P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	PILLAY QI QING KATELYN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLU8857P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name NUR LULU

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLU8857P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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
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:

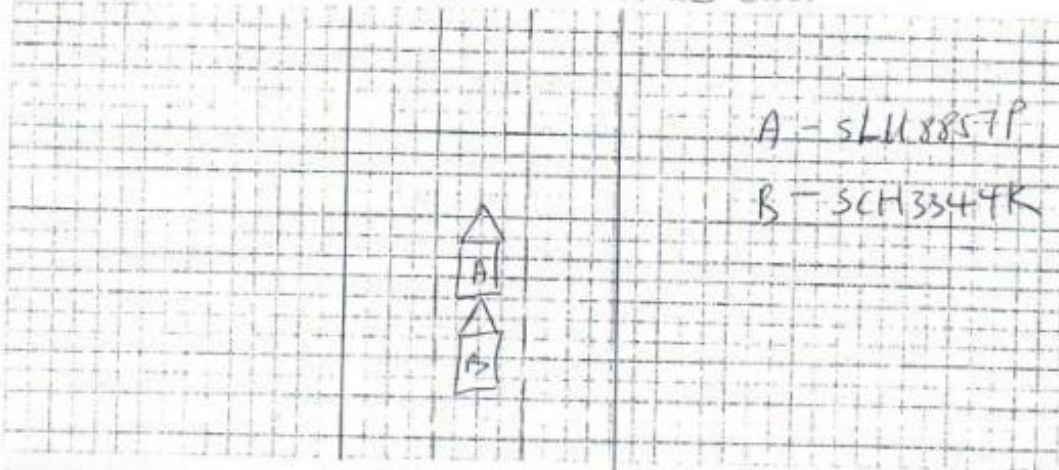

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 17/12/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

ALONG UPP CHANGI RD EAST



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/20181214/7608

DECLARATION

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


Policyholder's Signature
Date & Time:

SIARNIC Sketch Plan Form V01


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

 17/12/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181214/7008

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

3 of 4
Report No. T/20181214/7008

CONTINUATION OF REPORT

Passenger			
Name	Pillay Qi Qing Katelyn	ID No.	NIL
Related Vehicle	SLU8857P (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	NIL	Degree of Injury	Slight
Passenger			
Name	Nur Lulu	ID No.	NIL
Related Vehicle	SLU8857P (Car)	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/12/2018	Date Discharge	14/12/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 13 Dec 2018 at or about 2130hrs, my vehicle with 4 other passengers came to a stop at the traffic junction (red Light) along Upper Changi Road East coming from Expo towards Bedok and just outside the NEWATER Plant. I saw from my rear view mirror that a car on the same lane was driving fast towards my vehicle. It did not slow down and before I could do anything, it hit us at full speed. My car was thrown forward about 3 car lengths to the middle of the intersection. The passengers on board were my wife, two young daughters and domestic helper. My wife, domestic helper and youngest daughter were seated behind. Everyone in the car was wearing their seatbelts. My youngest daughter sitting behind was in her car seat and my eldest daughter was sitting in front on her booster seat with seat belt. The 3 passengers behind suffered bruising to their backs and my wife had bleeding at the base of her spine. Ambulance was called and arrived in about 10 minutes and conveyed my wife and helper to Changi General Hospital. I stayed at the scene with my 2 daughters and filed a report with the Traffic Police Officers who arrived. The Traffic Police Officers took both cars in-car camera SD Card. Statements were also taken. I was advised by the Officers to file this Accident Report.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



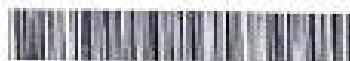
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



TQ20181214/005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

1 of 4

Report No. TQ20181214/003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2018 14:55		Vice Report No.: G/20181213/0211		Station Diary No.:	
Informant's Particulars					
Name of Informant: PILLAY CHEE YONG DAVID			Address: APT BLK 31 BEDOK SOUTH AVENUE 2 #25-307 SINGAPORE 460031		
ID Type / ID No.: NRIC NO / S7728776J			Contact No.: Home/Office: Mobile: 91817550		
Nationality: SINGAPORE CITIZEN			Email: davidpillay77@gmail.com		
Sex: Male	Age: 41	Date of Birth: 25/10/1977	Type of Informant: Driver		
Race: Ceylonese			Language: English		Institution / School Name:
Occupation: Self Employed			Driving License Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/12/2018 21:30	Type of Location: X-Junction
Location: UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Stationary car hit from rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Registration	No. of Passengers
SCH3344K	Car					0
SLU8857P	Car	HYUNDAI	ELANTRA+A D+1.6+GLS- AT	Blue		0

Details of Vehicle Insured

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T20181214/003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T20181214/003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insured Company	Insurance No.	Effective	Expiry Date
SLU8857P	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00438198/01	18/12/2017	17/12/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PILLAY CHEE YONG DAVID	ID No.	S7728776J
Related Vehicle	SLU8857P (Car)	Contact No.	91817550
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	Yeo FangYing Sandra Christelle	ID No.	58418200A
Related Vehicle	SLU8857P (Car)	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/12/2018	Date Discharge	14/12/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Exchange			
Name	Pillay Ol Hui Kyr	ID No.	NIL
Related Vehicle	SLU8857P (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	NIL	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T201812147000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

3 of 4
Report No: T201812147000

CONTINUATION OF REPORT

Passenger:			
Name	Pillay Qi Qing Katelyn	ID No.	NIL
Related Vehicle	SLU8857P (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	NIL	Degree of Injury	Slight
Passenger:			
Name	Nur Lulu	ID No.	NIL
Related Vehicle	SLU8857P (Car)	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/12/2018	Date Discharge	14/12/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details:

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Police Report



**SINGAPORE
POLICE FORCE**

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



T/2018/2147008

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Report No. T/2018/2147008

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 / TPHQ /
SHAHRUL NIZAM BIN SAMARRI
Contact No.: 85478904

Authentication Stamp
NP108

Signature Of Informant:

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

Date/Time:
14/12/2018 14:55

Classification Of Case:

Identification Card

