





## 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	27/03/2019 13:34
Date Of Accident	27/03/2019 10:50
Exact Location Of Accident	KPE TWDS TPE EXIT PIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW3600Y
Insured/Policyholder	
Name Of Registered Owner	DANAKKODY VIJAYARANI
NRIC No	S1345269E
Email Address	VI385@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91443224
Alternative Phone No	OTHERS-91443224
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00008079-01
Cover Note Number	
Driver	
Name of Driver	VIKNESE S/O ILANGOVAN
NRIC No	S8518163G
Date Of Birth	13/06/1985
Occupation	INDOOR
Date Of Driving Pass	08/09/2005
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90267899
Fax Number	
Contact Number	OTHERS-90267899
EEmail Address	VI385@HOTMAIL.COM

Address	BLK 278 BISHAN STREET 24 #19-72
Postcode	570278
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : KAVITA ILANGOVAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SLZ2373G
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLZ8462T  
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 VIKNESH S/O ILANGO VAN  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SKW3600Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name KAVITA ILANGO VAN  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SKW3600Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode



Vehicle No.	SKW 3600 Y.	Model / Make	Maeda 3
Date of Accident	27/03/19		
Time of Accident	1050 HRS		
Location of Accident	KPE towards TPE exit PIE		
Exact purpose use during accident	Private use		
Name of Owner	Denakkody Vijayarani		
Telephone No.	H/P: 9144 3224	Home:	Office:
NRIC	S 1345269E		
Address	BLK 278, Bishan St 24 # 19-72 (S) 570278		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	FWD		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	INPV2017-00008079-01		
Name of Driver	As Above If No, Viknesh s/o Ilangoan		
NRIC	S8518163G	Any Passengers:	01 (F)
Date of birth	13/06/1985		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	08/09/2006		
Gender	Male	/	Female
Contact No.	H/P: 9026 7899	Home:	Office:
Address	BLK 278, Bishan Street 24 #19-72 (S) 570278		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	son
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	
Name And Contact No.	Viknesh s/o Ilangoan (H/P: 9026 7899)		
Name And Contact No.	Kavita Ilangoan (H/P: 9009 7945)		
Police Report	No	If Yes, Where?	
Vehicle B No.	SLZ 2373G	Any Passengers:	01
Name of Driver		Contact No.:	
Vehicle C No.	SLZ 8462 T	Any Passengers:	01
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A	Witness Contact:	N.A
Accident Portion	Front and Rear Portion		
Camera Recorder	Yes / No		
Email Address	v1385@hotmail.com		
PARTICULAR WORKSHOP	Twincar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Hixia		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



## SKETCH PLAN


### IMPORTANT NOTICE

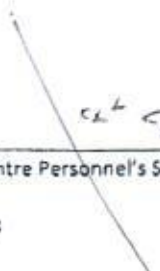
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

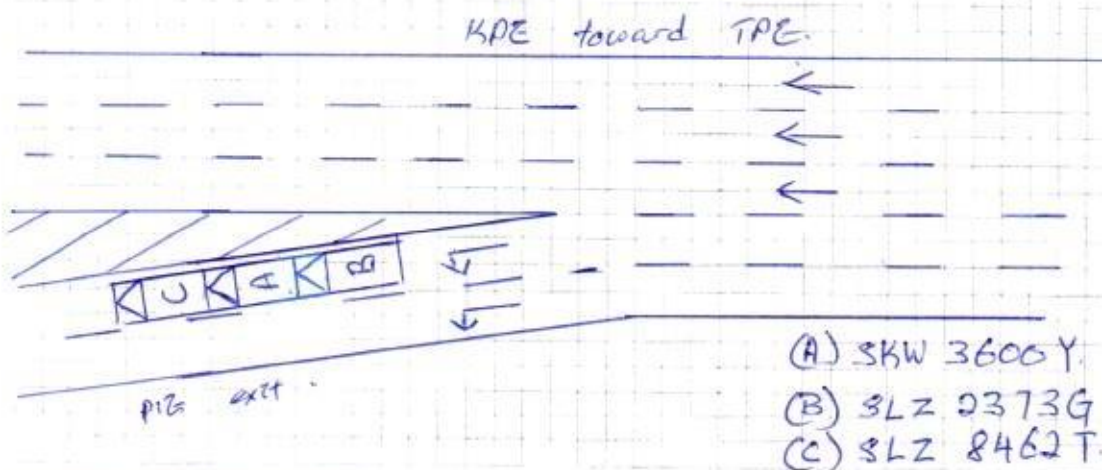
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the "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:

 27/3/2019  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/03/19 at @ 1050hrs, I was travelling in my vehicle (SKW 3600Y) along KPE towards TPE direction exit into PIZ on the second lane from the left. I slow down and stopped due to the vehicle (SLZ 8462T) in front of me stopped. Suddenly, a car (SLZ 2373G) from behind collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the vehicle (SLZ 8462T) ahead of me.

## 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.:

27/3/2019



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8518163G

Name

VIKNESH S/O ILANGO VAN

Birth Date: 13 Jun 1985

Issue Date: 08 Sep 2005



001367062K

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8518163G



Name

VIKNESH S/O ILANGO VAN

விக்னேஷ் இளங்கோவன்

Race

INDIAN

Date of birth

13-06-1985

Sex

M

Country/Place of birth

SINGAPORE



S8518163G

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3

Motor cars =< 3000 kg with =< 7 passengers,  
exclusive of the driver; and motor tractors  
/vehicles =< 2500 kg

PASS DATE

08 Sep 2005

NP 428A



Licence No: S8518163G

5824409



NRIC No: S8518163G



Date of issue

06-11-2017

Address

APT BLK 27B BISHAN STREET 24  
#19-72  
SINGAPORE 570278





## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNPV2017-00008079-01 (Comprehensive - Classic Plan)**

Car plate number: SKW3600Y

Your name (As the policyholder): Danakkody Vijayarani

Coverage start date: 27/10/2018

Coverage end date: 26/10/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: United Overseas Bank Limited

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We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 23/10/2018

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.