

## 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	13/05/2019 18:37
Date Of Accident	11/05/2019 00:35
Exact Location Of Accident	JUNCTION OF CRANWELL ROAD/LOYANG AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4110C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOTRUST LEASING PTE LTD
Co Reg No	201533654Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84486388
Alternative Phone No	OFFICE-84486388

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994249
Cover Note Number	

### Driver

Name of Driver	RAJKUMAR S/O GUNASAGARAN
NRIC No	S8851845D
Date Of Birth	22/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	23/07/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84486388
Fax Number	
Contact Number	OTHERS-84486388
EEmail Address	NOEMAIL

Address	BLK 759 PASIR RIS STREET 71 #11-188
Postcode	510759
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) 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)	2
Passenger 1	NAME: : SHASHNI D/O RAJA GOPAL GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190511/2148

### 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	SJH2360L
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	RAJKUMAR S/O GUNASAGARAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLR4110C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

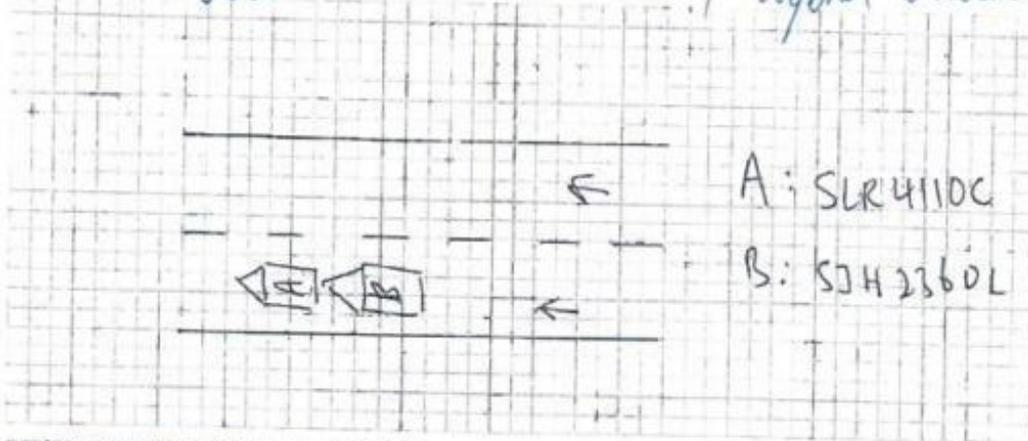
Name	SHASHNI D/O RAJA GOPAL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLR4110C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



Accident Sketch Plan

SKETCH PLAN

JUNCTION OF ORANWELL ROAD / WYOMER AVENUE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/2019 0511/2148.

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 Person's Signature  
Name:  
NIC/FIN No.:

13/05/2019  
Kesh NAB

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190511/2148

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 4  
Report No. T/20190511/2148

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/05/2019 22:51	Vide Report No.: G/20190511/0017	Station Diary No.: 91
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Informant's Particulars			
Name of Informant: RAJKUMAR S/O GUNASAGARAN		Address: APT BLK 759 PASIR RIS STREET 71 #11-188 SINGAPORE 510759	
ID Type / ID No.: NRIC NO / S8851845D		Contact No.: Home/Office: Mobile: 84486388	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 22/12/1988	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence 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: 11/05/2019 00:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CRANWELL ROAD LOYANG AVENUE ALONG CRANWELL ROAD AND JUNCTION OF LOYANG AVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
SJH2360L	Car					0
SLR4110C	Car	HONDA	VEZEL	White	Slightly Damaged	1

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190511/2148

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 4  
Report No. T/20190511/2148

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD IQBAL BIN ABDUL HAMID	ID No.	S9825994E
Related Vehicle	SJH2360L (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	NIL
Driver			
Name	RAJKUMAR S/O GUNASAGARAN	ID No.	S8851845D
Related Vehicle	SLR4110C (Car)	Contact No.	84486388
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/05/2019	Date Discharge	11/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	SHASHNI D/O RAJA GOPAL	ID No.	S9114504I
Related Vehicle	SLR4110C (Car)	Contact No.	96959626
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/05/2019	Date Discharge	11/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 11/05/2019 at about 12:36am, I was with a passenger driving in my vehicle, bearing the registration number, SLR4110C. I was along Cranwell Road. I had stopped my vehicle at the junction of Cranwell Road and Loyang Ave as the traffic lights was red. I was on the left lane of the two lanes.

Suddenly, I felt an impact coming from the rear of my vehicle. I immediately stepped out of my vehicle and saw that another vehicle bearing the registration, SJH2360L had collided onto the rear portion of my vehicle.

I then exchanged particulars with the said driver and I also spoke to one of the passenger of the vehicle. I took photos of the accident. After that the driver just drove off. I also called the Traffic Police for assistance as my passenger was injured. The traffic police and ambulance came down and gave me an

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190511/2148

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519457  
Tel No: 1800-5852999

3 of 4

Report No. T/20190511/2148

CONTINUATION OF REPORT

Incident number G/20190511/0017. Neither me nor my passengers were conveyed to hospital.

The damages to my vehicle is the rear especially on the left side bumper was dented, the rear boot unable to close properly, the left rear passenger door alignment was out.

Me and my passengers then preceded to seek our own medical attention at Sengkang General Hospital. I was given 3 days medical leave as for neck sprain and minor head injuries. My passenger was given 5 days medical leave for a neck contusion.

I had already informed my insurance in regards to the accident.

I do have an in-vehicle camera installed however it is forward facing and it was not working properly.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190511/2148

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

4 of 4

Report No. T/20190511/2148

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: G / Sgt 2 MUHAMMAD ALIF BIN AZALI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD SHAHRIL BIN ABDULLAH Contact No.: 65476083

Signature Of Informant:
Date/Time: 11/05/2019 22:51
Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE POLICE FORCE
SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. 88851845D



Name  
**RAJKUMAR S/O GUNASAGARAN**

சு. ராஜகமலர்  
Name

INDIA  
Date of birth: 22-12-1980  
Country of origin: SINGAPORE

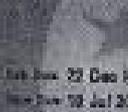



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity No. 88851845D  
Name: RAJKUMAR S/O GUNASAGARAN

Iss. Date: 22 Dec 2010  
Exp. Date: 22 Jul 2011




Land Transport Authority



VOCATIONAL LICENCE  
Licence No. 88851845D  
Name: RAJKUMAR S/O GUNASAGARAN

Please visit www.lta.gov.sg to check the status of this vocational licence

4788145



88851845D



Date of issue: 20-07-2010

Address  
APT DLX 700 PASEY RID STREET #1  
#10-100  
SINGAPORE 107000

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

EXPIRES DATE

Class 1 Motor Car up to 2000kg with not less than 2 seats, exclusive of the driver, and other motor vehicles up to 2000kg

22 Jul 2011



Licence No. 88851845D

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sg. May Drive, Singapore 672021.

Type	Description	Issue Date
11	PRIVATE MTR. CAR VL	20/07/2010



EVOLUTION  
BY THE PEOPLE  
1977

