

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	14/06/2019 17:55
Date Of Accident	13/06/2019 18:40
Exact Location Of Accident	CUSCADEN RD INFRT OF FORUM SHOPPING MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7865B
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	999994247
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87818338

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	999994247
Cover Note Number	

Driver

Name of Driver	LUVANNA NIKKO KANNAN
NRIC No	S9841083Z
Date Of Birth	08/12/1998
Occupation	INDOOR
Date Of Driving Pass	27/02/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90266783
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 520 JURONG WEST ST 52 #08-179
Postcode	640520
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	RAINING
Road Surface	WET

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?	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)	3
Passenger 1	NAME: : KINGSTON LIM JING YING GENDER: : MALE
Passenger 2	NAME: : FERRIS FREDERICK FRANCIS GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POICE REPORT:T/20191614/2012

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	SGA9000C
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	LUVANNA NIKKO KANNAN
Approximate Age	
Injuries Sustain	WHIPLASH ON THE NECK
Injured person in which vehicle?	SLF7865B
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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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.

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.



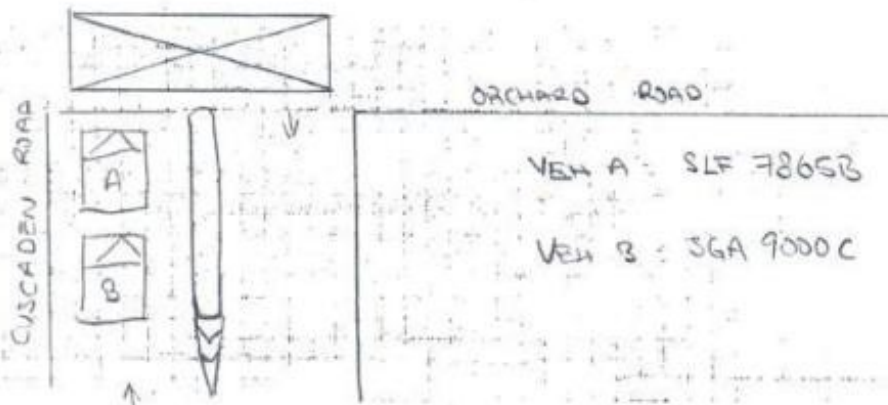
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

POLICE REPORT NO: E/20190613/0113

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/PIN No.:

Individual Statement



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3

Report No. T/20190614/2012

CONTINUATION OF REPORT

Driver			
Name	LUVANNA NIIKKO KANNAN	ID No.	S9841083Z
Related Vehicle	SLF7865B (Car)	Contact No.	90266783
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	05	Degree of Injury	Slight

Brief Details.

On 13/06/2019 at about 1840hrs, I was travelling in my rented car from Car Cove along Cuscaden Road towards Orchard Road with my two friends. While approaching Orchard Road, I was the first in line waiting to exit into Orchard Road. There was a gold colour Mercedes-Benz behind me who was being impatient and started to horn at me. I was unable to exit into Orchard Road due to the peak hour heavy traffic. As I was inching forward, it was still unsafe to exit, as such I braked. Shortly after, I felt an impact from the rear and noted that the Mercedes-Benz had collided into my vehicle.

I parked and alighted from the vehicle with my friends, the Mercedes-Benz driver alighted as well. All I remembered is that the driver asked me what I was trying to do and he was very unhappy. I shouted back at him and ask what was he doing as the main road had a lot of traffic. My friend called for the police and I asked the driver to park at the side to wait for police arrival.

While waiting for police arrival, I waited in the car as I felt giddy while my friends engaged the driver to get his particulars. Shortly after, police, traffic police and paramedics arrived. I was told that my vehicle will be towed back to traffic police HQ as my friends could not drive. I was conveyed to Tan Tock Seng Hospital and was given five days MC for whiplash on the neck.

At about 2145hrs, my friends told me to head down to Tanglin HQ to meet an investigator and I was advised to lodge this accident report.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228882
Tel No: 1900-2955999

1 of 3

Report No: T/20190814/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2019 02:33		Vide Report No.: E/20190813/0113		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: LUVANNA NIKKO KANNAN			Address: APT BLK 520 JURONG WEST STREET 52 #08-178 SINGAPORE 640520		
ID Type / ID No.: NRIC NO / S8841093Z			Contact No.: Home/Office: Mobile: 90266783		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 06/12/1998	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident:

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/08/2019 18:40	Type of Location: Straight Road
Location: Along Road 1 CUSCADEN ROAD				
Along Cuscaden Rd in front of Forum Shopping Mall				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SGA9000C	Car				Slightly Damaged	0
SLF7865B	Car				Seriously Damaged	2

Details of Person Involved

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

Police Report



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3

Report No: T20180614/2012

CONTINUATION OF REPORT

Driver			
Name	LUVANNA NIKKO KANNAN	ID No.	S9941033Z
Related Vehicle	SLF7865B (Car)	Contact No.	90266763
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	05	Degree of Injury	Slight

Brief Details.

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At about 2145hrs, my friends told me to head down to Tanglin HQ to meet an investigator and I was advised to lodge this accident report.

Police Report



Police Station Of Origin:
Kampung Java N.P.C
21 Kampung Java Road SINGAPORE
226892
Tel No: 1800-2869999

3 of 3


Report No: T/20190614/2012

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: E / MOHAMMAD FAIZ FARHAN BIN ABDUL RAHIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2019 02:33
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:

Authentication Stamp
NPICB



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S98410832



Name
LUYANNA NIKKO KANNAN

Organisation / Agency / Institution
NCDIAK

Date of birth
28-12-1988

Country/Place of birth
SINGAPORE

Sex
M

Signature

REPUBLIC OF SINGAPORE DRIVING LICENCE



IDENTITY CARD NO. S98410832

DRIVING LICENCE NO. S98410832

Class 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

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SLF 4865 B

Driver

8202191



8202191



For LKK/NAC Use Only

21-08-2012

Address
SPT 34, 322 JINCHENG WEST STREET #2
#02-17B
SINGAPORE 640020

FOR USE BY LKK/NAC ONLY

Class 2 Motor cars with unladen weight up to 3000kg with not more than 7 passengers, exclusive of driver and driver motor vehicle with unladen weight up to 2000kg

27 Feb 2012

MP 0000

