

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	17/07/2019 14:47
Date Of Accident	17/07/2019 07:40
Exact Location Of Accident	PIE (TUAS) BELOW KJE FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3173T
Insured/Policyholder	
Name Of Registered Owner	SHANA SUMI SIVAGAMI PURUSHOTHAMAN
NRIC No	S8117807J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84981850
Alternative Phone No	OFFICE-84981850
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108538473
Cover Note Number	

Driver

Name of Driver	TERRENCE JESSEN S/O JOSEPH KRISTHU RAJA
NRIC No	S8038398C
Date Of Birth	09/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	08/09/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91079636
Fax Number	
Contact Number	OFFICE-91079636
Email Address	NOEMAIL

Address	BLK 698B JURONG WEST CENTRAL 3 #10-63
Postcode	642698
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	2
Passenger 1	NAME: : SHANA SUMI SIVAGAMI PURUSHOTHAMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190712/2012.

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	SLX9025B
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 SJV1647T
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 TERRENCE JESSEN S/O JOSEPH KRISTHU RAJA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMH3173T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SHANA SUMI SIVAGAMI PURUSHOTHAMAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMH3173T
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:



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

Accident Sketch Plan

SKETCH PLAN

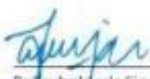
Refer to attached sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20190717/2012.

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.:

UNOFFICIAL SIGNATURE

Accident Sketch Plan

17/4/2019
07:40AM
SHH31F3T

#1 HP84981850
#2 HP91079636

KJE Flyover

KJE Flyover

→ P1E TO T103

→ P2C TO T103

C B A

SSV 1647T
SLX 9025B
SHH31F3T

Police Report



**SINGAPORE
POLICE FORCE**



T/20190717/2012

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 4

Report No. T/20190717/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2019 09:33	Vide Report No.: J/20190717/0040	Station Diary No.: 95
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Informant's Particulars			
Name of Informant: TERRENCE JESSEN S/O JOSEPH KRISTHU RAJA		Address: APT BLK 698B JURONG WEST CENTRAL 3 #10-63 SINGAPORE 642698	
ID Type / ID No.: NRIC NO / S8038398C		Contact No.: Home/Office: Mobile: 91079636	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 09/11/1980	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: PRIME MOVER DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/07/2019 07:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS TUAS BELOW KJE FLYOVER				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV1647T	Car				Seriously Damaged	0
SLX9025B	Car				Slightly Damaged	0
SMH3173T	Car				Slightly Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20190717/2012

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20190717/2012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM POH HEE	ID No.	S7324402A
Related Vehicle	SJV1647T (Car)	Contact No.	91150949
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
Driver			
Name	YET DUN HUI	ID No.	S8700964E
Related Vehicle	SLX9025B (Car)	Contact No.	81884823
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	TERRENCE JESSEN S/O JOSEPH KRISTHU RAJA	ID No.	S8038398C
Related Vehicle	SMH3173T (Car)	Contact No.	91079636
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

Brief Details.

On 17/07/2019 at about 0735hrs, I was driving my vehicle (SMH3173T) along PIE towards Tuas on the most right lane, under KJE Flyover. There was a massive jam and hence my vehicle was going at about 10km/h. While driving, I saw that the vehicle in front of me had braked and stopped, thus I followed suit and managed to stop in time. Suddenly, I felt a collision impact from the back of my vehicle. I checked on my wife to make sure she was okay first, before I got down to check on the driver behind me. I saw that the vehicle behind me (SLX9025B) was collided by another vehicle (SJV1647T) who was behind it.

After making sure that all the drivers were safe, we exchanged particulars before the Traffic Police came

Police Report



**SINGAPORE
POLICE FORCE**



T/20190717/2012

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Report No. T/20190717/2012

CONTINUATION OF REPORT

down to the location. I then got to know that SJV1647T could not brake and stop in time when SLX9025B braked. Thus, SJV1647T had collided onto the rear of SLX9025B, which caused it to collide with my vehicle. There was a slight dent on the rear bumper of my vehicle, as well as on the front and back of SLX9025B. However, SJV1647T was badly damaged and was towed away by EMAS.

I was unsure who called for the Police but I had called for the ambulance because my wife complained of neck pain and she was feeling nauseous. My wife was then conveyed to Ng Teng Fong General Hospital by the ambulance, condition conscious. I wish to state that no government property was damaged.

Police Report



SINGAPORE
POLICE FORCE



T/20190717/2012

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20190717/2012

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:

J /

Sgt 2 BRENDA TING WAN HUA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG, IVAN

Contact No.: 65476170

Signature Of Informant:

Date/Time:

17/07/2019 09:33

Classification Of Case:

Authentication Stamp



Signature :

SN 127

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



현대자동차(주)				HYUNDAI MOTOR COMPANY	
변속기	차축	도장	의장	KMHDU41BR9U718429	
TRANSM	AXLE	PAINT	TRIM		
P	H	2R	9P		
장비부호	형식	승인	번호		
S.V.C	APPD	MODEL	NO		

Accident Photo

